18909

Presented by
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TRANSACTIONS

OF THE

Homœopathic Medical Society

OF THE

STATE OF PENNSYLVANIA.

TWENTIETH ANNUAL SESSION

1884.

3/9/88

PITTSBURGH:
PRESS OF J. H. BARROWS & CO., NO. 70 FIFTH AVENUE
1884.

To the Homœopathic Medical Society of Pennsylvania:

The proceedings and papers of the Twentieth Annual Session of your Society, are herewith respectfully submitted.

C. Bartlett, M. D.,
R. E. Caruthers, M. D.,
J. F. Cooper, M. D.,
Committee of Publication.

Allegheny, Pa., December, 1884.

18909

OFFICERS:—1884.

President, ...	W. R. Childs, M. D.,	Pittsburgh.
First Vice President,	C. Mohr, M. D.,	Philadelphia
Second Vice President,	H. Detwiller, M. D.,	Easton.
Recording Secretary,	C. Bartlett, M. D.,	Philadelphia.
Corresponding Sec'ty,	R. E. Caruthers, M. D.,	Allegheny.
Treasurer, ...	J. F. Cooper, M. D.,	Allegheny.
Necrologist, ...	M. M. Walker, M. D.,	Germantown
Censors, ...	J. K. Lee, M. D.,	Philadelphia.
	L. H. Willard, M. D.,	Allegheny.
	H. J. Sartain, M. D.,	Philadelphia.

OFFICERS:—1885.

President, ...	J. E. James, M. D.,	Philadelphia.
First Vice President,	D. Cowley, M. D.,	Pittsburgh.
Second Vice President,	J. K. Lee, M. D.,	Johnstown.
Recording Secretary,	C. Bartlett, M. D.,	Philadelphia.
Corresponding Sec'ty,	R. E. Caruthers, M. D.,	Allegheny.
Treasurer, ...	J. F. Cooper, M. D.,	Allegheny.
Necrologist, . . .	W. R. Childs, M. D.,	Pittsburgh.
Censors, ...	L. H. Willard, M. D.,	Allegheny.
	C. Van Artsdalen, M.D.,	Ashbourne.
	H. J. Sartain, M. D.,	Philadelphia.

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PROCEEDINGS

OF THE

TWENTIETH ANNUAL SESSION

OF THE

Homœopathic Medical Society

OF THE

STATE OF PENNSYLVANIA.

PITTSBURGH, PA., September 16th, 17th, and 18th, 1884.

The Society was called to order at 10 A. M. by the President, Dr. WM. R. CHILDS. Prayer was offered by the Rev. E. P. COWAN, of Pittsburgh, after which Dr. C. F. BINGAMAN, President of the Allegheny County Society, delivered the following address of welcome on behalf of the County Society:

MR. PRESIDENT AND MEMBERS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA:

It becomes my pleasant duty, on behalf of the Homœopathic Medical Society of Allegheny County, to welcome you to Pittsburgh to hold your twentieth annual session.

Some of you will remember when you met here in the old hospital to organize the State Society. The old hospital building has given place to this magnificent structure, and as you compare the old with the new you will see the progress made and the firm hold homœopathy has upon the affections and confidence of our people. The standing of our school of medicine is unquestioned, but it has taken years of hard and earnest work to accomplish what has been done. We trust that as this society now visits its birth place it will receive new vigor and be the better able to carry forward the work of disseminating the truths and blessings of homœopathy. We feel that we have everything to encourage us to redouble our efforts and make each succeeding year out-rival the preceding one.

In welcoming you to Pittsburgh we welcome you to a city containing much of interest, and we hope you will not hurry away to your homes, but tarry long enough to see and become acquainted with the business of our city and its beautiful surroundings. This is the largest iron, steel, and glass manufacturing city in the country. The shipments of coal surpass those of any other.

While we have ever been enveloped in clouds of smoke, which we have looked upon with a degree of pride, the time is near at hand when the smoky canopy will be lifted, as we put into use our natural gas.

Arrangements have been made for you to visit some of the mills and gas wells. We trust that this session will not only be an interesting one, but a very enjoyable one, socially.

Dr. Farrington, being called upon by the Chairman, responded on behalf of the visitors as follows: "I echo the sentiments of every one here, or that will be here during this meeting, when I say that we are more than delighted to be present at a meeting of the State Society in Pittsburgh. We appreciate the remarks made by Dr. Bingaman. I have seen many of the manufactories spoken of by the doctor, having

been here several days, and can assure you that it will well repay all of you to remain and visit such places. I always anticipate much pleasure when contemplating a visit to Pittsburgh, for there is no place known to me where the social sphere is stronger and entertainment more pleasant than here. I thank the members of the Allegheny County Society for their cordial welcome."

The President, Wm. R. Childs, M. D., then delivered the following address:

PRESIDENT'S ANNUAL ADDRESS.

Members of the Homœopathic Medical Society of Pennsylvania:

Ladies and Gentlemen:—I add my welcome to that already given you.

Craving your indulgence while I turn the pages of our history back and read from the initial chapter, I quote: "Pursuant to a call issued by the 'Homœopathic Medical Society of Allegheny County,' and endorsed and recommended by many of the prominent homœopathic physicians throughout the State, a convention assembled at Pittsburgh in the Homœopathic Hospital building at 10:30 o'clock A. M., June 5th, 1866, and organized a State Medical Society." At that first meeting thirty members signed the constitution and ten others sent their names to be recorded. Of the original forty, twenty-one are on this year's roll of active members: nineteen have taken their places in the silent halls of death.

This, our twentieth annual meeting, finds us with a roll of two hundred and twenty-four members — two hundred and six active, eleven honorary, and seven corresponding.

At the time of our birth Pittsburgh had a population of one hundred and forty thousand, homœopathy had twenty-two M. D.'s, and a hospital of thirty-six beds had just been started. Now, we have a population of two hundred and fifty thou-

sand, homœopathy has forty-five M. D.'s, and a hospital of nearly two hundred beds.

The children of 1866 are growing strong and vigorous. We meet to-day at the birth place, to have a family reunion, as it were. We have passed through the trying ordeals of nursing, teething, second summers, and all the infantile diseases, arriving at the age when the elders will expect us to step to the front ready for service upon the battle field where sickness and suffering wage relentless war upon our race. How can we carry on the work? I will be pardoned, if seeming a little egotistical, when I point you for answer to the work done here by the Allegheny County Homœopathic Medical Society, and to the noble ones who have aided us with willing hands and open purses.

Organization and concert of action in the first place — freely and fully discussing all things pertaining to the good of all, sinking personal advancement for the carrying out of that which will be beneficial to the masses, standing shoulder to shoulder as brothers should, and looking always to what will promote the comfort and advance the family's influence, striving always to have the home mansion a bright and cheerful place, where our friends delight to meet with us.

In regard to the "Progress of Homœopathy," I would refer you to the announcements of the different medical colleges as showing a marked improvement in their plans of teaching, and a determination to raise the standard of medical education. A step in advance is the requirement of a preliminary examination of students before entering upon a course of lectures, or to come provided with a certificate of having passed the same before an examining board of a recognized medical society.

In January, 1874, the Homœopathic Medical Society of Allegheny County adopted a by-law requiring all persons desiring to enter upon the study of medicine, to first pass an examination before the Executive Committee of the Society.

We point, with pardonable pride, to this hospital, within whose walls we meet, and urge our brethren at the eastern

end of the State to pursue the plan adopted here, of uniting the entire homœopathic profession in the work of laboring for the completion and equipment of the hospital.

Of forty-four members of our County Society there are twenty-two corporators of the hospital, made so by each one contributing one hundred dollars. No physician can here serve upon the medical or surgical staff until he becomes a corporator. Aside from this, the chapel we now meet in was furnished, at a cost of one thousand four hundred dollars, by the County Society, and presented as the society's contribution to the hospital. Can we not hope, ere long, to see a larger, finer, and equally as well equipped an institution in Philadelphia, where our school is represented by more than five times as many homœopathic physicians, whose combined effort would be able to accomplish so much more than has been done in this city.

The progress of Homœopathy will best be attained by thorough organization; we should have more local societies, and a larger membership in the State Society; then with our forces massed, we would present a more formidable front, and by concerted action be the better able to secure the rights which certainly belong to us, of representation in the Army, Navy, State and National institutions now under the sole control of the dominant school of medicine. With our forces scattered and unorganized we can expect to gain little or nothing.

To the Bureau of Materia Medica we look for some plan by which we can further the work proposed at the last meeting of the American Institute of Homœopathy, viz.: The revision of our Materia Medica. At that meeting Dr. Richard Hughes, of England — whose name is an honored household word wherever homœopathy is taught or practiced — appeared as a delegate from the British Homœopathic Medical Society to our National Society. By action of the American Institute and of the British Society, Dr. Richard Hughes is editor for England, and Dr. J. P. Dake, of Nashville,

Tenn., editor for America. Consulting Dr. Dake, who is one of our oldest honorary members, he informs me that the Institute elected as consultative committee Drs. Conrad Wesselhœft, of Boston; E. A. Farrington, of Philadelphia, H. R. Arndt, of Grand Rapids; and the British Society elected Drs. R. E. Dudgeon, of London; J. Drysdale, of Liverpool, and A. C. Pope, of Tunbridge Wells. The rules, as well as the plans adopted to govern the work of revision, have been published in our journals.

There are two points which should be made prominent:

1. The fact that the plan and rules are in the direction of a more thorough sift than ever before attempted in the issue of a work on Materia Medica.

2. That the plan and rules represent the mind and wish of the *profession*, whereas former issues have been according to the mind and wish of *individual compilers*.

Did I deem it necessary to comment on the high standing and ability of those having the work in hand, I could hardly speak too strongly, and hope this society will give a strong endorsement of Hughes and Dake, on whom most of the labor must come.

This work will truly be a *revised original text*, a source from which all writers on Materia Medica may draw with the assurance of getting the *best* that drug observation and experimentation can afford. It will be a narrative and not a schema.

In regard to the papers presented at our meetings. Let us have the best thoughts and the ripest experiences of those who have labored long and faithfully, and let us have the personal experiences of the younger members, their success and their failures, the investigations and late discoveries; whatever is new, and verifications of what is old, striving always to winnow the chaff from the grain. "Proving all things, holding fast that which is good." Let every paper be fully discussed; give it air and sunlight: if young and healthy it will be made stronger; if old and of good constitution, it will be

invigorated and rejuvenated, and if misshapen and untimely born, it will wither and be blown away.

Since our last meeting the legislative body of the State has not held a session, therefore the "Committee on Legislation" cannot report any work finally accomplished. I understand from the chairman, however, that a bill constituting a "State Board of Health" will be ready for presentation at the opening of the coming session.

The Bureau of Sanitary Science will doubtless give us a report concerning the cholera epidemic now prevailing on the other side of the Atlantic. I would suggest that the chairman of this bureau, with the consent of the society, be granted the time of one entire session — morning, afternoon, or evening — in which this important subject may be given due consideration. If this meets with your approval, let the chairman select those of our members who will be called upon to discuss the etiology and propagation, as well as the measures and plans to prevent its invasion, and its treatment should it gain a foothold on our shores.

I would respectfully call your attention to the second proposition under the report of the Committee on the President's Address last year, which reads: "That the President appoint two members to open the discussion on each bureau." I would have this so altered that the chairman of each bureau should make the selection of two members, subject to the approval of the President, who should open the discussion on each bureau. I would also call your attention to *Article 7* of the By-laws, and ask that *Section 1* have stricken out the following: "All papers to be presented by any bureau shall be in the hands of the chairman thereof, at least two months prior to the meeting of the society, and the chairman of a bureau shall have plenary power, and it shall be his duty to prepare an abstract of the various papers, and these only shall be presented to the meeting for its consideration and discussion." I would suggest that we have the section read thus: Section 1. Each paper presented to the society shall be

through its appropriate bureau. All papers to be presented by any bureau shall be in the hands of the chairman thereof at the opening of the session; and it shall be the duty of each writer to prepare an abstract which will accompany the paper when handed in; the chairman of a bureau shall have plenary power, and shall decide whether a paper be accepted, and whether the abstract only or the entire paper be presented to the meeting for its consideration and discussion. All papers shall be subject to the approval and revision of the Committee of Publication. No report or paper will be received by the society in an incomplete or unfinished condition; and no paper shall be published as part of the transactions, which has been previously published.

Let me ask, will this society go on exercising the prerogative of the pedagogue in regard to him whom you so highly honor, and prescribe what shall be the subject of your President's address? When your patients elect you as their medical custodian, do they prescribe what medicine you shall give them? *Well*—not likely. Then take this fettering chain away, and give your next President the satisfaction of feeling like a free man, with the whole wide world to roam through. Do not fear that you will lose him; none that enter this fold under the gentle, and peaceful, and healthy guidance of the Master Shepherd, whose motto is *Similia Similibus Curantur*, are ever likely to stray far away.

Fellow members, I thank you for the honor you have conferred in selecting me to preside over your deliberations. I feel impressed with the responsibility of the position, but with your aid and kind indulgence we will hope to succeed in making these sessions both pleasant and profitable.

I now declare the Homœopathic Medical Society of Pennsylvania" ready for business.

Dr. J. C. Guernsey moved that a vote of thanks be tendered to the President for his address, and that a committee of three be appointed to take into consideration the recom-

mendations contained therein, said committee to report at their earliest convenience.

DR. BURGHER, Vice-President *pro tem.*, appointed Drs. Guernsey, Farrington, and Cranch as this committee.

The Order of Business as arranged by the Secretary was then adopted.

THE PRESIDENT appointed Drs. J. E. James and E. C. Parsons to fill vacancies on the Board of Censors.

THE SECRETARY then called the roll. The following members and visitors were present during the sessions:

Members.—H. W. Fulton, H. H. Hofmann, C. H. Hofmann, R. E. Caruthers, J. B. McClelland, C. F. Bingaman, S. F. Shannon, G. M. Getze, J. F. Cooper, E. Cranch, E. C. Parsons, J. S. Skeels, Millie J. Chapman, J. C. Guernsey, L. H. Willard, J. E. James, E. A. Farrington, C. P. Seip, P. S. Duff, W. F. Edmundson, Z. T. Miller, J. K. Lee of Johnstown, C. D. Herron, L. G. Rousseau, J. L. Ferson, W. J. Martin, D. Cowley, J. C. Burgher, W. R. Childs, C. Van Artsdalen, S. W. S. Dinsmore, A. P. Bowie, I. B. Chantler, O. R. Shannon, J. S. Boyd, C. C. Rinehart, Hugh Pitcairn, C. M. Thomas, J. S. Rankin, R. H. Ramage.

Visitors.—O. D. Childs, Akron, O.; R. B. Rush, Salem, O.; S. E. Burchfield, Latrobe; L. E. Hoopes, Downington; Chas. Dake, Hot Springs, Ark.; M. A. Gault, Cleveland, O.; C. H. Lee, New Castle; W. C. Childs, California; W. R. Jamison, Irwin; Mrs. Cranch, Erie; G. Hosfeld, G. W. Parker, W. B. Aitken, Philadelphia; D. R. Harris, Wilkinsburg; G. S. Boyd, J. P. Maratta, Beaver Falls; L. D. Bowie, Jr., Uniontown; R. V. Pitcairn, Pearl Starr, W. P. MacCracken, W. J. Sarver, Allegheny; Rev. E. P. Cowan, Rev. J. Whitehead, Eliz. F. Renwick, W. D. King, E. E. Briggs, A. B. Castle, G. A. Ulrich, Alex. A. Childs, Capt. W. Crawford, W. Cowley, J. B. Sullivan, R. W. McClelland, S. J. Hayes, Jas. M. McEwen, J. C. Kennedy, W. W. Wolfe, Pittsburgh.

Dr. J. F. Cooper, Treasurer, presented the following report:

REPORT OF THE TREASURER.

To the Homœopathic Medical Society of Pennsylvania:

Balance in hand at last Report, . . .	$ 56 41
Sale of Transactions of 1883, . . .	3 00
Received dues of membership, . . .	539 00
Balance due Treasurer at this date, . .	58 45
	$656 86

Cr.

Printing and Binding Transactions, 1883,	$606 00	
Secretary's bill for postage and mailing,	50 86	
		$656 86

Allegheny, Pa., Sept. 16th, 1884.

Respectfully submitted,

J. F. Cooper, M. D.
Treasurer.

The report of the Treasurer was referred to an Auditing Committee, consisting of Drs. H. W. Fulton, M. J. Chapman, and W. F. Edmundson, who presented the following report:

REPORT OF THE AUDITING COMMITTEE.

To the Homœopathic Medical Society of Pennsylvania:

The undersigned, appointed to audit the above report of the Treasurer, have examined the same and find it to be correct.

H. W. Fulton, M. D.,
M. J. Chapman, M. D.,
W. F. Edmundson, M. D.,
Auditing Committee.

Pittsburgh, Sept. 16th, 1884.

The Corresponding Secretary then presented his report.

REPORT OF THE CORRESPONDING SECRETARY.

To the Homœopathic Medical Society of Pennsylvania:

Nothing has transpired during the year just closed that requires to be brought before you for action. The usual necessary correspondence has been maintained, and we can report the society and the practice of homœopathy throughout the State in a flourishing condition.

The societies of Philadelphia and Allegheny counties, the Hahnemann Club of Philadelphia, the Hahnemannian Society of Reading, the Society of the Twenty-third Ward of Philadelphia, the Chester, Delaware and Montgomery Counties' Society have accepted our invitation, which was extended to all organizations in the State, and will present papers to this body.

Our usual exchanges of publications with other societies have not been received with as much promptness as ordinarily, but we are pleased to report that through the kindness of Dr. Richard Hughes, the Honorable Secretary of the British Homœopathic Society, we have received the back numbers of the publications of that body in exchange for our own; and the assurance that they will be forwarded to us in the future, as issued.

The total expenses of this office for the year, including the announcements of this meeting, are $40.45.

Respectfully submitted,

R. E. CARUTHERS, M. D.,
Corresponding Secretary.

The report of the Publishing Committee was then presented by the Corresponding Secretary.

REPORT OF THE COMMITTEE OF PUBLICATION.

To the Homœopathic Medical Society of Pennsylvania:

Your Committee of Publication would report that the Proceedings of the last session of this Society were issued in an octavo volume of three hundred and eighty-two pages, uniform in style with the volumes of previous years, and were distributed to all entitled to receive them within fourteen weeks from the adjournment of the session.

The cost of printing and binding the edition of two hundred and seventy-five copies was $606.00. The cost of delivering them to members by mail was $34.66. Making a total expense of $640.66.

Respectfully submitted,

R. E. Caruthers, M. D.,

For the Committee of Publication.

Dr. Pitcairn, Chairman of the Committee on Legislation stated that nothing had been done by the committee, as there had been no session of the legislature since the last meeting of this society.

An Act of the Legislature had been prepared for the creation of a State Board of Health, which the committee deemed just and equitable, and would recommend that its passage be urged upon the members of the legislature by the members of this society throughout the State.

Dr. R. E. Caruthers, Chairman of the Bureau of Organization, Registration and Statistics, presented his report, which, having been amended as to some items in relation to the college, was accepted.

REPORT OF BUREAU OF ORGANIZATION, REGISTRATION AND STATISTICS.

To the Homœopathic Medical Society of Pennsylvania:

We would respectfully state that we have continued our efforts to obtain reports from each society, hospital, or other institution in the State, wholly or partially under homœopathic control, but have not been entirely successful, some of the officers written to for information not having responded.

From the data obtained we have compiled the following report:

State Society.—It is gratifying to know that the last meeting of the State Society showed no signs of a decrease in the interest in its work, which has existed for several years past.

The meeting was well attended, there being a hundred members and visitors present at one time during some of the sessions.

There were forty-four accessions to active membership. We are glad to be able to state that no death has occurred among our active members during the year, though we lost, by death, one of our honorary members. Five members have withdrawn from the society, leaving us now an active membership of two hundred and four.

County Societies.—There has been no change in these organizations, except a slight increase in membership.

Local Societies and Clubs.—We are sorry to chronicle the decease of two societies of this class, the West Philadelphia Homœopathic Medical Association, and the Society of Homœopathic Physicians of Northeastern Philadelphia.

Miscellaneous Organizations.—No change is reported in these societies.

Summary.—Deducting from our accounts the twenty-one members lost by the disbanding of the two societies mentioned, we now have in the societies of the State, excluding the State Society and the Library Association and Publishing Society, four hundred and forty-eight members of organized bodies. Of these, thirty-eight were admitted during the year. Five have withdrawn from their societies, and only two deaths are reported.

Journals.—No changes are reported.

The College.—No change has been made in the curriculum of the College. Students are required to present a certificate of good moral character, and must give evidence of a good education, and pass a satisfactory examination in elementary mathematics, composition, and elementary physics.

Forty-one graduates received their degrees at the last commencement, increasing the number of alumni to one thousand, five hundred and fourteen.

Hospitals.—Our returns from hospitals have been very incomplete, but so far as given, show about the average rate of results of treatment.

The Pittsburgh hospital has been completed, but as the time since it was opened has been so brief, no report was made.

Dispensaries.—Eight dispensaries have treated seventeen thousand, five hundred and six patients, and have issued thirty-five thousand, two hundred and forty-seven prescriptions.

Two new dispensaries have been opened.

We have prepared the usual tabulated report containing the foregoing items, which is herewith presented, together with the lists of members of societies, so far as we could obtain them, corrected to date.

Respectfully submitted in behalf of the Bureau,

R. E. CARUTHERS, M. D.,
Chairman.

HOMŒOPATHIC MEDICAL SOCIETIES IN PENNSYLVANIA.

Name of Society.	When Organized.	When Incorporated.	Meetings.	1884. Annual Meeting.	President.	Secretary.	Number of Members.	Admitted Last Year.	Withdrawn Last Year.	Died Last Year.	Annual Dues.	Publications Last Year.
					STATE SOCIETY.							
Homœopathic Medical Society of Penn'a.	1866	Not.	Ann.	Pittsburgh, Sept. 16, 17, 18	W. R. Childs, M. D., Pittsburgh.	R. E. Caruthers, M. D., Allegheny City.	204	44	5	...	$3 00	Transactions.
					COUNTY OR DISTRICT SOCIETIES.							
Hom. Medical Society of County of Phil'a.	1866	Not.	Month 2d Thur	Philadelphia, April.	W. B. Trites, M. D., Manayunk.	H. F. Ivins, M. D., 1319 Arch St., Phila.	157	16	2	...	1 00	Transactions in Hahnemannian Monthly.
Hom. Medical Society of Allegheny Co.	1864	Not.	Month 2d Frid.	Pittsburgh, December.	C. F. Bingaman, M. D, Pittsburgh.	Z. T. Miller, M. D., 1729 Carson St., Pittsb'h.	45	3	1	...	1 00	
Hom. Medical Society of Chester, Delaware and Montgomery Counties.	1858	Not.	Quar.	October.	J. B. Wood, M. D., West Chester.	T. L. Adams, M. D., Berwyn.	27	...	...	...	1 00	
Lehigh Valley Hom. Medical Society.	1881	Not.	Bi-Month	April.	W. A. Hassler, M. D., Allentown.	F. J. Slough, M. D., Allentown.	22	2	...	...	.....	
Hom. Medical Society of Northern Penn'a.	1882	Not.	Bi-Month	Pittston, June 22.	T. M. Johnson, M. D., Pittston.	Carrie G. Watres, M.D. Scranton.	15	...	...	...	2 00	Papers in Journals.
Hom. Medical Society of Lancaster Co.	1878	Not.	Bi-Month	Lancaster.	O. T. Huebener, M. D., Lancaster.	W. G. Taylor, M. D., Columbia.	11	...	...	...	1 00	
Hom. Medical Society of Crawford County.	1882	Not.	Quar.	Meadville, January.	Anson Parsons, M. D., Springboro.	E. C. Parsons, M. D., Meadville.	18	2	...	...	1 00	
Beaver County Hom. Medical Society.	1883	Not.	Month 3d Thur	January.	G. W. Smith, M. D., Rochester.	W. Raymer, M. D., Beaver Falls.	8	1	...	1	1 00	
Hom. Medical Society of Western Penn'a.	1881	Not.	Semi-Ann.	August.	P. S. Duff, M. D., Great Belt.	W. W. Wolfe, M. D., 947 Penn Ave., Pittsb'h.	5	...	1	...	50	

Schuylkill Co. Hom. Medical Society.	1883	Not.	Quar.	July.	F. W. Boyer, M. D., Pottsville.	H. A. Klock, M. D., Mahanoy City.	11	3	...	...	1 00	
					LOCAL SOCIETIES AND CLUBS.							
Hom. Medical Society of 23d Ward, Phil'a.	1881	Not.	Month	October.	N. T. Germon, M. D., Homesburg.	W. C Powell, M. D., 4711 Paul St. Frankford	15	3	...	1	.....	
Philadelphia Clinical Society.	1880	Not.	Bi-Wk Friday.	October.	C. M. Thomas, M. D., Philadelphia.	W. H. Bigler, M. D., 118 N. 12th, Phil'a.	10	...	...	...	1 00	
Hom. Medical Society of Germantown.	1879	Not.	Month	October.	M. M. Walker, M. D., Germantown.	W. P. Mullin, M. D., 5009 Green St., Germantown, Phila.	11	3	...	...	.....	
Hahnemannian Med. Society of Reading.	1882	Not.	Month 1st Thu.	Reading. June.	F. R. Schmucker, M.D. Reading.	C. B. Jennings, M. D., 135 S. 8th, Reading.	14	1	...	...	50	
Hahnemann Club of Philadelphia.	1872	Not.	Month	April 10.	.....	.....	9	...	...	...	.....	Hahnemannian Monthly.
Hering Club of Phil'a	1880	Not.	Month 1st Wed	Philadelphia March.	E. M. Gramm, M. D., Philadelphia.	F. O. Gross, M. D., 1409 N. 4th St., Phil'a.	8	2	...	...	50	
Bœnninghausen Club of Philadelphia.	1877	Not.	Month 2d Wed	Philadelphia 1320 Walnut St.	T. S. Dunning, M. D., Philadelphia.	G. W. Smith, M. D., 1320 Walnut St. Phila.	13	1	...	...	6 00	
Philadelphia Med. Club	1882	Not.	Month 1st Thu	Philadelphia December.	Wm. T. Maguire, M.D., Philadelphia.	O. S. Haines, M.D., 151 N. 15th St., Phil'a.	11	...	...	...	.....	
					MISCELLANEOUS.							
Anatomical Society of Allegheny County.	1874	1875	Month last Fri	Pittsburgh, October.	L. H. Willard, M. D., Allegheny.	W. J. Martin, M. D., 1712 Carson, St. Pitts	17	1	1	...	6 00	
Hom. Library & Reading Room Assoc'n.	1881	1882	.....	Philadelphia January.	A. R. Thomas, M. D., Philadelphia.	W. H. Bigler, M.D. 118 N. 12th St, Phila'a.	80	...	...	...	5 00	
Hom. Pharmaceutical Association of Penn	1881	1882	Ann.	Philadelphia	A. J. Tafel, Philadelphia.	F. J. Slough, M. D., Allentown.	10	...	...	...	.....	
American Hom. Publishing Society.	1877	1878	Month	Philadelphia November.	A. R. Thomas, M. D., Philadelphia.	C. Mohr, M.D., 555 N. 16th St., Phil'a.	200	6	...	...	Sto'k Com.	

HOMŒOPATHIC HOSPITALS IN PENNSYLVANIA.

Name.	Where Located.	When Incorporated.	When opened to Patients.	Name of Resident Physician or Superintendent.	Number of Beds.	Number of Patients Treated last Year.	Number Cured.	Number Relieved.	Number not Relieved.	Number Died.	Sources of Income.
Homœopathic Hospital of Philadelphia.	1116 and 1118 Cuthbert St., Philadelphia.	1868	1871	G. W. Stewart, M. D., L. P. Posey, M. D.	40	.....	.....	.....	.....	.....	Voluntary Contributions.
Homœopathic Hospital of Pittsburgh.	Second Ave., Pittsburgh.	1866	1866	.....	.....	.....	.....	.....	.....	.....	
Children's Homœopathic Hospital of Philadelphia.	914 North Broad St., Philadelphia.	1877	1877	W. H. H. Neville, M.D.	40	118	75	30	8	5	Voluntary Contributions.
Pennsylvania Homœopathic Hospital for Children.	43d and Brown Sts., Philadelphia.	1880	1877	Mrs. W. E. London, 614 N. 40th St., Phila.	25	104	74	12	2	5	Voluntary Contributions.
Infirmary of Benedictine Sisters.	Erie.	Not.	1865	Rev. Mother Dominica	10	.....	.....	.....	.....	.....	Industry of Sisters.
St. Vincent's Hospital.	Erie.	1882	1875	Sister Jerome.	35	.....	.....	.....	.....	.....	Industry of Sisters.
*Hamot Hospital.	Erie.	1881	1881	E. L. Warr.	25	.....	.....	.....	.....	.....	Voluntary Cont'b's.
Christian Home for Women.	133 Locust St., Allegheny.	1868	1868	Miss E. C. Martin.	25	30	17	11	.....	2	Voluntary Contributions.
Little Sisters of the Poor, Home for the Aged Poor.	Washington St., Allegheny.	1878	1872	Sister Anne St. Therese, Superior.	95	43	10	15	9	9	Voluntary Contributions.
Gen'l & Maternity Hosp. of the Woman's Hom. Ass'n of Pa.	20th St. and Susquehanna Ave., Philadelphia.	1882	1884	Mrs. Roswell Weston, 210 S. 41st St., Phila.	14	.....	.....	.....	.....	.....	Voluntary Contributions.

* This institution is under allopathic control, but allows any physician to take patients there for treatment. The figures given show the number treated homœopathically.

HOMŒOPATHIC DISPENSARIES IN PENNSYLVANIA.

Name.	Where Located.	When Incorporated.	When opened to Patients.	Name of Secretary or Executive Officer.	Number of Patients last Year.	Number of Prescriptions.	Cost of Conducting Last Year.	Remarks.
Hahnemann Medical College Dispensary.	1105 Filbert Street, Philadelphia.	1874	1848	C. Mohr, M. D., 555 N. Sixteenth St., Phila.	9,544	17,327	$600 00	Voluntary Contributions. Deficit paid by College Faculty.
Dispensary of the Homœopathic Hospital of Pittsburgh.	First Avenue, Pittsburgh.	1866	1866	J. D. Weeks, Esq., 77 Fourth Ave. Pittsb'h.	* 2,488	7,163	.....	Supported by Hospital Association.
Children's Homœopathic Hospital of Philadelphia; Out-door Department.	Carlisle Street, Philadelphia.	1877	1877	M. S. Williamson, M. D., 29 N. 11th St., Phil'a.	.....	.....	.....	Supported by Hospital Association.
Dispensary of the Pennsylvania Homœopathic Hospital for Children.	43d and Brown Streets, Philadelphia.	1880	1877	Mrs. Wm. E. London, 644 N. 40th St., Phil'a.	2,498	4,224	.....	Supported by Hospital Association.
Philadelphia Homœopathic Eye, Ear, Throat, and Surgical Dispensary.	39 N. Thirteenth Street, Philadelphia.	Not.	1882	L. M. Hickman, M. D., 39 N. 13th St., Phil'a.	1,828	4,500	300 00	Contributions from Patients.
Homœopathic Free Dispensary of Allentown.	34 N. Seventh Street, Allentown.	Not.	1883 Nov. 15	F. J. Slough, M. D., Allentown.	* 248	1,233	.....	
Homœopathic Free Dispensary.	Frankford.		1882		.....	800	.....	
Homœopathic Dispensary of Germantown.	Germantown.	Not.	1883	W. P. Mullin, M. D., 5009 Green St., Germantown, Phil'a.	.....	.....	.....	

*Report for Six Months.

HOMŒOPATHIC MEDICAL COLLEGE.

Name.	When Incorporated.	When opened to Students.	Name and Address of Dean.	Length of Yearly Course and time it Commences.	Number of Courses Required.	Number of Students the past Year.	Number of Graduates last Commencement	Number of Alumni.	Number of Faculty.	Number of Professors.	Number of Lecturers and Demonstrators.
Hahnemann Medical College of Philadelphia.	1848	1848	A. R. Thomas, M. D., 1733 Chestnut St., Phila.	Six Months. Sept. 29, 1884.	2 or 3	151	41	1,514	18	10	8

HOMŒOPATHIC JOURNALS IN PENNSYLVANIA.

Name of Journal.	Name of Publisher.	Name of Editor.	When Established.	How often Published.	Form.	Yearly Number of Pages.	Subscription Price.
Hahnemannian Monthly.	Hahnemann Club of Philadelphia.	P. Dudley, M. D., E. A. Farrington, M. D.	1866	Monthly.	Octavo.	768	$3 00
Homœopathic Physician.	E. J. Lee, M. D.	E. J. Lee, M. D.	1881	Monthly.	Octavo.	576	2 00

LIST OF MEMBERS OF SOCIETIES.

[Names of Presidents in SMALL CAPS; Secretaries in *Italics*.]

PHILADELPHIA COUNTY.

Allen, John V.
Allen, Richard C.
Baker, Alfred E.
Baker, C. H.
Banks, J. O. H.
Bartlett, C.
Betts, B. F.
Bigler, W. H.
Birch J. P.
Branson, Mary
Brooks, C. M.
Brown, Samuel
Brown, S. Hastings
Caldwell, F. E.
Castle, D. M.
Conover, T. F.
Cowgill, W. H.
Cresson, C. C.
Crumbaugh, J. W.
Davis, W. B.
Dudley, P.
Dunning, T. S.
Egee, J. B. S.
Erwein, F.
Farrington, E. A.
Fellger, A.
Fornias, E.
French, Harriet S.
Gardiner, G. W.
Gardiner, W. H.
Garvin, J. J.
Gause, P. O. B.
Gessler, C. W.
Gilbert, I. B.
Goodno, C. F.
Goodno, W. C.
Gramm, E. M.
Gramm, G. E.
Gramm, T. J.
Griffith, J. J.
Griffith, L. B.
Griffith, Silas
Griffith, W. M.
Gross, F. O.
Guernsey, H. N.
Guernsey, J. C.
Guernsey, W. J.
Gumpert, B. B.
Haines, O. S.
Hamilton, W. C.
Hancock, J.
Hickman, L. M.
Holcombe, J. R.
Hosfeld, G.
Ingersoll, W. K.
Ivins, H. F.
Jackson, E. B.
Jackson, Lora C.
James, B. W.
James, J. E.
Johnston, D. H.
Johnson, Maria N.
Jones, J. J.
Karsner, D.
Keim, W. H.
Kemble, J.
King, W. R.
Kirk, G. J. W.
Knerr, C. B.
Knerr, L. J.
Kniffen, J. B.
Koch, A. W.
Korndœrfer, A.
Langer, P. J.
Lang-McClure, Eliza H.
Lee, E. J.
Lee, J. K.
Lewis, J. C.
Lippe, A.
Macfarlan, D.
Macfarlan, M.
Maguire, W. T.
Mansfield, J. R.
Marshall, Anna M.
Marter, G. W.
Martin, H. N.
McClelland, J. H.
Middleton, C. S.
Middleton, M. F.
Mitchell, J. N.
Mohr, C.
Morgan, J. C.
Mount, F. D.
Mullin, W. P.
Neidhard, C.
Neville, W. H. H.
Norton, C. R.
Parke, G. T.
Parker, G. W.
Peacock, W.
Pettingill, Eliza F.
Pierce, W. A. D.
Powell, W. C.
Powell, W. C., Jr.
Price, F. T.
Raue, C. G.
Reading, J. H.
Reeves, J. M.
Rembaugh, A. C.
Sargent, R.
Sartain, Harriet J.
Seip, C. L.
Sharkey, W. P.
Shaw, A. R.
Shallenberger, C. N.
Shemp, P. D.
Shinkle, H. J.
Simmer, E.
Smedley, I. G.
Smith, E. M.
Smith, G. W.
Smith, L. A.
Snyder, D. L.
Stambach, H. L.
Stewart, G. W.
Stewart, H. K.
Straube, R.
Strong, J. W.
Thatcher, J. W.
Thomas, A. R.
Thomas, C. M.
Thomas, J. S.
Tindall, Van R.
Tomlinson, W. H.
Toothaker, C.
Trinkle, S. M.
TRITES, W. B.
Van Baun, W. W.
Van Deusen, E.
Van Lennep, W. B.
Wade, J. K.
Walker, M. M.
Wandell, J.
Weaver, C.
Webb, L. W.
Wilcox, H. T.
Williams, T. C.
Williamson, M. S.
Wrisley, J. A.
Yearsley, W.
Young, J. H.
Zerns, W. M.

CHESTER, DELAWARE AND MONTGOMERY COUNTIES.

Adams, T. L., Berwyn.
Brooks, C. M., Philadelphia.
Crowther, I., Upland.
Hamer, J. H., Collegeville.
Hawley, L. B., Phœnixville.
Hoopes, L., Downingtown.
Johnson, I. D., Kennett Square.
Jones, J. E., West Chester.
Long, S., New Brunswick, N. J.
Mercer, R. P., Chester.
Mullin, S., West Chester.
Parker, T. E., Parkersville.
Perkins, C. W., Chester.
Pratt, Trimble, Media.
Rossiter, E. B., Pottstown.
Starr, S., Chester.
Thatcher, J. W., Philadelphia.
Tomlinson, W. H., Germantown.
Urie, W. T., Chester.
Way, J. H., West Chester.
Williams, A., Phœnixville.
WOOD, J. B., West Chester.

Allegheny County.

Anderson, E. O., Braddock.
Bingaman, C. F., Pittsburgh.
Boardman, W. H., Pittsburgh.
Borland, W. C., Pittsburgh.
Briggs, E. E., Pittsburgh.
Burgher, J. C., Pittsburgh.
Caruthers, R. E., Allegheny.
Chantler, I. B., Sewickley.
Chapman, M. J., Pittsburgh.
Childs, W. R., Pittsburgh.
Cooper, J., Allegheny.
Cooper, J. F., Allegheny.
Cowley, D., Pittsburgh.
Crawford, J. S., Greensburg.
Dean, E. W., Braddock.
Dinsmore, S. W. S., Sharpsburg.
Edmundson, W. F., Pittsburgh.
Ferson, J. L., Pittsburgh.
Fleming, R. K., Pittsburgh.
Fulton, H. W., Pittsburgh.
Gangloff, C. H., Pittsburgh.
Grimes, T. H., Sewickley.
Herron, C. D., Pittsburgh.
Hofmann, C. H., Pittsburgh.
Hofmann, H. H., Pittsburgh.
Horner, J. R., Pittsburgh.
Kerns, W. H. H., McKeesport.
King, W. D., Pittsburgh.
McClelland, J. B., Pittsburgh.
McClelland, J. H., Pittsburgh.
McClelland, R. W., Pittsburgh.
McIntire, R. L., Allegheny.
Martin, W. J., Pittsburgh.
Miller, H. C., Allegheny.
Miller, Z. T., Pittsburgh.
Pitcairn, R. V., Allegheny.
Ramage, R. H., Mansfield Valley.
Rankin, J. S., Pittsburgh.
Rinehart, C. C., Pittsburgh.
Robson, J. W , Pittsburgh.
Rousseau, L. G., Pittsburgh.
Seip, C. P., Pittsburgh.
Shannon, O. R., Allegheny.
Shannon, S. F., Sewickley.
Willard, L. H., Allegheny.
Winslow, W. H., Pittsburgh.

Lehigh Valley.

Becker, J. G., Bethlehem.
Bunting, T. C., Mauch Chunk.
Detwiller, H., Easton.
Detwiller, J. J., Easton.
Detwiller, J. W., Bethlehem.
Detwiller, W.
Doolittle, E. D., Easton.
Fetherolf, J. A.
Hassler, W. A., Allentown.
Helfrich, C., Fogelsville.
Helfrich, J. H., Fogelsville.
Helfrich, J. H., Allentown.
Heller, H. D., Allentown.
Holben, M. J., Slatington.
Jacobson, E. H., Bethlehem.
Kirby, R. B., Mauch Chunk.
Kistler, A. L.
Slough, F. J., Allentown.
Slough, W. C. J., Emaus.
Yoder, D., Catasauqua.

Northern Pennsylvania.

Arthur, Charles, Scranton.
Baldwin, H. D., Montrose.
Brewster, F. D., Tunkhannock.
Bullard, J. A., Wilkes-Barre.
Coe, Sarah J., Wilkes-Barre.
Cooledge, J. N., Carbondale.
Dunnell, H, N., Scranton.
Johnson, T. M., West Pittston.
Leonard, H. K., Plymouth.
Ross, S. C., Scranton.
Vail, J. D., Montrose.
Watres, Carrie G., Scranton.

Crawford County.

Benedict, C. W., (Assoc.)
Dunn, J. L., Titusville.
Frazier, J. B., Conneautville.
Heath, L. R., Spartansburg.
Mitchell, Eltha B., (Assoc.)
Morrow, J. G., Evansburg.
Parsons, Anson, Springboro.
Parsons, E. C., Meadville.
Phillips, J. R., Corry.
Quinby, E. C., Titusville.
Rose, Susan F., Meadville.
Sellew, S. W., Oil City.
Smith, Byron, Townville.
Smith, E. B., Union City.
Stoneroad, J. D., Meadville.
Waggoner, G. W., Linesville.
Wilmot, E. P., Franklin.

Schuylkill County.

Boyer, F. W., Pottsville.
Dreher, C. B., Tamaqua.
Haeseler, C., Pottsville.
Kistler, J. S., Shenandoah.
Kistler, Wm., Minersville.
Klock, H. A., Mahanoy City.
Sandal, J. H., Girardville.
Snyder, L. A., Ashland.
Straup, W. D., Shenandoah.
Swalm, T. W., Pottsville.
Wiest, H. G., Schuylkill Haven.

Beaver County.

Boyd, G. S., Beaver Falls.
Boyd, J. S., New Brighton.
Liscomb, P. D., Beaver Falls.
Nippert, G. N., New Brighton.
Raymer, Wm., Beaver Falls.
Smith, G. H.
Thompson, J. G., New Brighton.

Western Pennsylvania.

Barnaby, A. M., Red Bank Furnace.
Cleeland, J. S., Freeport.
Duff, P. S., Great Belt.
Leake, E. N., Butler.
Wolfe, W. W., Pittsburgh.

Twenty-third Ward, Philadelphia.

Allen, J. V., Frankford.
Allen, R. C., Frankford.
Bartholomew, G. R., Frankford.
Byer, J. B.
Cornelius, R. W. B., Homesburg.
Germon, N. T., Homesburg.
Heritage, A. C.
Humphries, E.
Lewis, J. C., Frankford.
May, N., Homesburg.
Powell, W. C., Frankford.
Pratt, H. C., White Hall.
Reading, H. R., Somerton.
Reading, J. R., Somerton.
Reynolds, H., Bridesburg.
Umstead, D. B., Tacony.
Van Artsdalen, C.
Weaver, C., Fox Chase.

Hahnemannian of Reading.

Challenger, H. P.
Dreibelbis, S. L.
Goodenough, W. H.
Grosscup, J. G.
Haman, W. A.
Jennings, C. B.
Kline, D. C.
Knerr, L. J.
Krebs, R. F.
Marks, W. F.
Pachali, Theo.
Rittenhouse, S. R.
Schmucker, E. Z.
Schmucker, F. R.

Germantown.

Humphries, Ed.
Karsner, D.
Lukens, B. F.
Malin, John
Malin, W. H.
Mansfield, J. R.
Mullin, W. P.
Tomlinson, W. H.
Trites, W. B.
Titman, G. W.
Van Artsdalen, C.
Walker, M. M.

Philadelphia Clinical.

Bigler, W. H.
Goodno, C. F.
Goodno, W. C.
Ingersoll, W. K.
Knerr, C. B.
Mitchell, J. N.
Mohr, C.
Norton, C. R.
Thomas, C. M.
Trites, W. B.

Philadelphia Medical Club.

Bartlett, C.
Gause, P. O. B.
Haines, O. S.
Ivins, H. F.
Maguire, W. T.
Schwenk, C. S.
Smedley, I. G.
Van Baun, W. W.
Van Deusen, E.
Wade, J. K.
Wilcox, H. T.

Hahnemann Club.

Betts, B. F.
Dudley, P.
Farrington, E. A.
James, B. W.
James, J. E.
Korndœrfer, A.
Middleton, C. S.
Neville, W. H. H.
Walker, M. M.

Bœnninghausen Club.

Buckman, F.
Dunning, T. S.
Hancock, J.
Hosfeld, G.
Macfarlan, D.
Martin, H. N. (Hon.)
Parke, G. T.
Parker, G. W.
Raue, C. G. (Hon.)
Smiley, L. F.
Smith, G. W.
Trinkle, S. M.
Zerns, W. M.

Hering Club.

Fornias, E.
Gramm, E. M.
Gramm, T. J.
Griffith, L. B.
Gross, F. O.
Pitcairn, Hugh
Richardson, A. J.
Sharpless, E. S.

Allegheny County Anatomical.

Bingaman, C. F.
Burgher, J. C.
Chapman, M. J.
Childs, W. R.
Cooper, John
Cooper, J. F.
Edmundson, W. F.
Hofmann, C. H.
King, W. D.
Martin, W. J.
McClelland, J. B.
McClelland, J. H.
Rinehart, C. C.
Robson, J. W.
Shannon, S. F.
Thompson, J. H.
Willard, L. H.

The Chairman of the Bureau of Organization, Registration and Statistics read the report of the Necrologist, Dr. M. M. Walker.

REPORT OF THE NECROLOGIST.

JOHN HATTON MARSDEN, A. M., M. D.

John H. Marsden, A. M., M. D., of York Springs, was born near New Oxford, Adams Co., Pa., on the 25th of September, 1803. His ancestors, originally English, were all immediately from Ireland. They settled first in Lancaster County, and afterwards removed to that region where Dr. Marsden was born. Until in his fifteenth year the latter enjoyed no educational advantages except such as the very imperfect common-school system afforded. The time spent under the latter he himself characterized as a waste, chiefly on account of the incompetency of the teachers placed in charge. At the age of sixteen he entered the Gettysburg Academy, in preparation for a collegiate course, which he began at Dickinson College, Carlisle, as a Sophomore, in the Autumn of 1823. Owing to the irregularities incident to the death of Dr. Mason, at that time President, young Marsden spent his next year at Jefferson College, Canonsburg, completing both Junior and Senior studies, and taking the degree of Bachelor of Arts in September, 1825. He then entered the Theological Seminary of Virginia, purposing to enter the ministry of the P. E.

Church. Delayed in the prosecution of his studies by attacks of intermittent fever, contracted at Harrisburg, Pa., it was not until April, 1829, that he was ordained.

For nearly twenty years thereafter, he filled the rectorship of Christ Church, Adams County, teaching much of the time, in addition to the duties incident to that position. In 1847, finding his voice and general health permanently impaired, he attended lectures and graduated from Jefferson College, having prepared himself without the aid of a preceptor.

In 1849 Dr. Marsden, having had his attention drawn to homœopathy, gave the system a thorough test, and at length became a convert. Since that time he has been a practitioner in his native county.

His death took place on August 27th, 1883, in the eightieth year of his age. The immediate cause thereof was diabetes.

Besides numerous contributions to the *Philadelphia Journal*, *North American Journal of Homœopathy*, the *Hahnemannian Monthly*, the *United States Medical and Surgical Journal*, etc., etc., Dr. Marsden published a 'Handbook of Practical Midwifery.'

He married in 1835 the eldest daughter of Rev. Robert S. Grier, of Maryland. Of three children, but one. Mrs. Dr. Wm. H. Cooke, survives him.

His was a well spent life: that he could look back upon, when the gathering darkness of the last hour approached, and looking forward await the welcome—"Well done, good and faithful servant."

Precious to us will be be the memory of our faithful friend and wise counselor.

JOSEPH HYPOLYTE PULTE, M. D.

This accomplished gentleman and physician was the youngest of four brothers, and was born October 6th, 1811, at Meschede, in the Prussian Province of Westphalia.

His father, Herman Joseph Pulte, M. D., was the medical director of the government institutions for the education of

midwives, and as these institutions had to be organized all over the newly acquired provinces, he was especially deputed for that purpose, besides presiding over the institution confided to his care. He was the author of an excellent work for the instruction of midwives.

The oldest brother studied medicine, and expected to succeed his father in the care of the above-mentioned institutions, but, instead, gathered together a colony of emigrants, sailed with them to New Orleans, and later settled in St. Louis, Mo., in 1834, where he became a prominent allopathic physician.

One of the brothers entered the church, the other studied law and practised in Philadelphia.

Dr. Joseph H. Pulte completed a classical course at the gymnasium of Soest, a medical course at the University of Marburg, and upon the invitation of his brother, intended to join him in medical practice in St. Louis.

In 1834 he sailed for New York, and on his journey through Pennsylvania, the doctor was induced by a personal friend to stay in Cherryville, Pennsylvania.

Dr. Wesselhœft was the first to induce him to test the merits of homœopathy by actual experiment. These trials were so successful that Dr. Pulte became enthusiastic in his devotion to the new doctrines, and at once entered upon the study of homœopathy with great zeal. There were no text-books in those days: a greater part of the facts and practical knowledge existed only in manuscript, sent to America from Europe, and circulated to be copied and studied.

The first attempts at a more systematic treatment of Asiatic cholera were thus transmitted to the Northampton County Society of Homœopathic Physicians, the first organization of the kind on this continent, of which society Dr. Pulte was a member, thus associating with Dr. Freytag of Bethlehem, Dr. Wm. Wesselhœft of Bath, Dr. John Romig of Allentown, Dr. H. Detwiller of Easton, Drs. Wolford, Reichelm, Bauer, and that nestor of our school, Dr. Constantine Hering, and

others, including several intelligent and well-informed clergymen, as Revs. Becker, Helfirch and Waage.

The Allentown Academy of Homœopathy had been founded with Dr. Hering as its president. This nursery of homœopathy did excellent service for the struggling science till 1840, when it was closed, and the physicians engaged in it scattered to the four points of the compass, carrying with them a firm conviction of the truth of the new doctrines.

After six years of labor and association with these pioneers of homœopathy, Dr. Pulte gathered up his effects and started for the West. He took steamer at Pittsburgh for St. Louis. On board this boat he met two persons who influenced the remainder of his life. One of these was Mr. Edward Giles, an intelligent Englishman, and a fine German scholar. Dr. Pulte soon converted him to homœopathy, and a firm friendship sprung up between them, which lasted until the death of Mr. Giles a few years ago. This gentleman was obliged to remain a few weeks in Cincinnati on business, and persuaded Dr. Pulte to remain with him. The Doctor opened a private dispensary, where some of the sick children of the poorer classes congregated to get relief. It was during the summer, and summer complaints prevailed. Mr. Giles was astonished at the speedy cures, and it seems so were also those more nearly concerned. In less than six weeks time Dr. Pulte was in full practice in Cincinnati, and on account of the numerous engagements he had to fill, relinquished the idea of going to St. Louis.

The other person whom he met on the boat was Miss Mary Jane Rollins, whom he married the same autumn, and who shared with him an enthusiasm for the science of homœopathy. Much of the success of Dr. Pulte in Cincinnati was due to the sustaining sympathy and strength of character of Mrs. Pulte.

In 1844, Drs. Pulte, Hering, Gray, Neidhard, Paine, and other Titans of our school, met in New York and founded the American Institute of Homœopathy.

In 1846 appeared his 'Organon of the History of the World,' which was well received by Guizot, Humboldt, Bun-

sen, Lipsius, and other celebrities of Europe, as well as some of those of our own country, including Wm. Cullen Bryant and Ralph Waldo Emerson.

In 1848 he rested from active practice and visited Europe. While there he was in a fair way, through Baron von Humboldt, of securing important aid from the Emperor of Russia, to gird the world with a telegraph wire. His idea was to carry it across Behring's Strait, and thence across Asia to the principal cities of Europe, but the Hungarian war broke out, and the project was frustrated.

In 1849 and '50 Drs. Pulte and Ehrman treated over two thousand cases of Asiatic cholera, in Cincinnati, with a loss of but three and one-half per cent.

In 1850, the first edition of 'The Domestic Physician' came out. The first thousand sold in three days, and sixty thousand, besides the English reprints of Epps and the Spanish of Granpera of Havana, have found their way, and carried the name of Dr. Pulte into as many homes of our people.

In 1852, Dr. Pulte accepted and filled the chair of Clinical Medicine in the Homœopathic College of Cleveland, and he afterwards filled the chair of Obstetrics in the same institution. In a public address called the "Science of Medicine," during this time, he pointed to the cell as the real starting point of pathological development. Here already were indicated the principal features of that pathological edifice which Virchow afterward erected into his famous cellular theory.

At this time Drs. Pulte, Gatchell, and Williams were editing the *American Magazine of Homœopathy and Hydropathy*, at first a monthly, and afterwards a quarterly.

In 1853 appeared the 'Woman's Medical Guide,' which met with as hearty a reception as the Domestic Physician. Besides these works he published monographs on Diphtheria, the Spectroscope, and Cholera, and contributed regularly to several of our medical journals.

In 1855 he was offered the professorship of homœopathy in the University of Michigan, but declined it. This the centenary year of Hahnemann's birth, he delivered the annual

address before the American Institute of Homœopathy, assembled at Buffalo, New York. From this time for nearly twenty years, he continued in active practice in Cincinnati, numbering among his patients the *elite* of the city, and many of the most prominent people from all parts of the Union and the West Indies, though, be it said to his everlasting glory, the lowly and poor never applied to him in vain for help.

In 1872 was founded the college in Cincinnati, which bears his name. In the fall of the same year he delivered his last course of lectures on Clinical Medicine, which were listened to with great interest by those who were fortunate enough to hear him. In 1873 a severe illness led to his withdrawal from the active practice of his profession. A maxim of the Doctor's was, that "the height of all pleasure was an increase of knowledge," and he may be said to have spent his whole life in the pursuit of this great pleasure.

Dr. Pulte was the first to advocate an income tax during the war. He was also named for U. S. minister to Austria, and endorsed by the Hons. Bellamy Storer, Alphonso Taft, A. F. Herr, Carl Schurz, B. Eggleston, W. S. Groesbech, and other prominent statesmen.

He entered into rest February 24th, 1884, in the seventy-third year of his age, succumbing to general debility, characterized chiefly by inability to sleep or to take food. His name thus passes into the history of homœopathy in America, by the side of Dunham, Gray, Hering and others.

The deceased was a member of several homœopathic societies, and among other older physicians, was an honorary member of the Homœopathic Medical Society of Pennsylvania.

The Board of Censors, during the sessions, reported favorably upon the following applications for membership, and the applicants were elected:

Boyd, G. S., M.D., Beaver Falls,	Cleveland Hom. Hosp. Coll., 1880.
Fleming, R. K., M.D., Pittsburgh,	Hahn. Med. Coll. of Phila., 1882.
Harris, D. R., M.D., Wilkinsburg,	Hahn. Med. Coll. of Phila., 1878.
Hosfeld, Geo., M.D., Philadelphia.	Hahn. Med. Coll. of Phila., 1871.

King, W. D., M.D., Pittsburgh,	Hahn. Med. Coll. of Phila., 1884.
Lee, Chas. H., M.D., New Castle,	Hahn. Med. Coll. of Phila., 1864.
McClelland, R. W., M.D., Pittsburgh,	Hahn. Med. Coll. of Phila., 1884.
Parker, G. W., M.D., Philadelphia,	Hahn. Med. Coll. of Phila., 1870.

The following communications were read, and the invitations contained therein were accepted:

Pittsburgh, September 15th, 1884.

R. E. Caruthers, M. D.:

Dear Sir:—Allow me to respectfully request you to notify the members of the Homœopathic Medical Society of Pennsylvania, that we take pleasure in inviting them to visit our Branch Pharmacy in this city.

Yours respectfully,

Bœricke & Tafel.

Pittsburgh, September 16th, 1884.

Dr. Wm. R. Childs, President Homœopathic Medical Society of Pennsylvania:

Dear Sir:—The Executive Committee of Medical and Surgical Department of Western Pennsylvania Hospital respectfully invite the members of the convention to visit the hospital on Twenty-eighth street, on Wednesday afternoon. Accommodation train leaves Union depot at 4 o'clock P. M.

Respectfully,

Wm. McCreery,
Chairman.

J. B. Sweitzer,
Secretary.

Bessemer, Pa., September 15th, 1884.

To the President of the Homœopathic Medical Society of Pennsylvania:

Dear Sir:—I am informed that your society will hold its meetings in Pittsburgh during the present week. If, during the visit of your society, the time can be spared, I would be very glad to have them visit the Edgar Thomson Steel Works.

Hoping that we may have the pleasure of a visit from your society,

I remain, very truly yours,

Wm. R. Jones,
General Superintendent.

In connection with the latter communication it was stated by Dr. Bingaman that, through the kindness of ROBERT PITCAIRN, ESQ., Superintendent of the Western Division, the Pennsylvania Railroad Company would place a special car at our disposal, and convey us to and from Bessemer Station gratuitously. This generous offer was unanimously accepted.

REPORT OF COMMITTEE ON PRESIDENT'S ADDRESS.

The committee to whom the address of the President was referred, would respectfully present the following propositions, contained therein, for your consideration:

I. All papers presented to this society should be original, and as little as possible culled from text-books.

II. That an extra session be held to-morrow, from 9 to 10 A. M., for the discussion of cholera.

III. That the chairmen of bureaus appoint two members to open discussions, subject to the approval of the President.

IV. That the society endorse the action of the American Institute of Homœopathy in regard to the revision of the Materia Medica, and that the resources of this society be employed toward carrying on the work.

Respectfully submitted,

J. C. GUERNSEY, M. D.,
E. A. FARRINGTON, M. D.,
E. CRANCH, M. D.,
Committee.

This report was adopted, and the President appointed Dr. Farrington to open the discussion on cholera.

REPORT OF THE BUREAU OF PATHOLOGY AND PATHOLOGICAL ANATOMY.

No member of the Bureau of Pathology and Pathological Anatomy being in attendance the Secretary presented the report of the bureau, which contained one paper, which was accepted and referred to the Publishing Committee.

SOME OBSCURE CASES.

BY JOHN C. MORGAN, M. D., PHILADELPHIA.

CASE I.—A man of 35 years, a great smoker, always inclined to indigestion, was slender and *pale*, but in other respects complained of nothing. Was always relieved by lycopodium, ^{200}. Constant in attention to business. When a youth had a severe attack of what was pronounced inflammatory rheumatism, but had no symptoms referred thereto. He had obtained insurance in two life companies after the usual examinations.

After a ten days' pleasure trip, with excessive smoking, had a "congestive chill," with collapsing pulse, engorged liver, prostration, clammy sweat, and great pallor. Much better next day after taking aconitum ^{3x}, every hour. Improvement ceasing, physical exploration was begun by percussion over the liver. After a few taps the symptoms became extremely aggravated, reminding one of the effects of Goltz' "tapping experiment" on frogs. Collapse increased, despite all remedies, and death ensued in about twenty hours. Surprisingly, the autopsy showed the liver restored to its normal dimensions. The chest was equally a surprise. Both lungs were closely adherent everywhere by old, firm pseudo-membrane; otherwise normal. Above all, the left heart showed ancient valvular lesions; in particular, the mitral orifice would not permit the entrance of the smallest joint of the index finger. How this could be, in view of the usual state of health, the absence of symptomatic suggestion, and the evidence of the two life insurance examiners, can scarcely be explained. However, the tobacco-paralysis of the heart unquestionably proved incurable because of this antecedent lesion; while the ante-mortem engorgement of the liver was probably owing to the reflux of venous blood, now well-known to take place when the arterial *vis a tergo* is impaired, as well as when the venous exit is obstructed; whilst anastomosis with other parts is restricted. The intestinal tract doubtless shared this engorgement during life. Its subsidence, post-

mortem, can be accounted for by the gradual escape of the blood into the general venous system. In primary or malarial congestive chills a cardiac paralysis is also often clearly marked. Tabacum may prove curative to such.

CASE 2.—A woman of 25 years, had, for eighteen months, "rheumatism of the right shoulder;" the pains sometimes involving a portion of the pectoral region. She was fat; sometimes complained of palpitation; sometimes of suffocative feeling when lying down, proceeding from the shoulder to the throat. Took bryonia 200 for five or six days with relief. This medicine gave out; took sac. lac. for that day. Ironed some clothes during the afternoon and evening; at 9 P. M., complained of weakness and suffocation and sat down, became pale, unconscious, and died immediately. Autopsy showed the pleural cavity half full of serum, with some tolerably firm adhesions, proving that she had suffered from unsuspected chronic pleurisy, of which almost the only subjective sign was the pain about the shoulder. An intended thorough physical exploration being anticipated by the fatal issue, we learn to ever hereafter hold shoulder-rheumatism under suspicion of graver significance, and to early seek for thoracic lesion in every case of possible pleuritic nature.

CASE 3.—A lady of 40 years; fat, fair, florid; had frequent paroxysms of *central gastralgia*, pains going through to back; the attacks came closer and closer together, and more and more severe; pains by no means unilateral. Jaundice, uniformly, but of slight grade, afterward. Finally calculi were suspected, and a watch of the stools was instituted, after a paroxysm. Six days later a series of biliary calculi began to come away, extending over several days, and numbering about thirty—yellowish in color, of the usual form, and of the average size of a pea. Pulsatilla 200 having proved the best remedy during the pains, was continued, three times a day, for a long time, and there was no further trouble from that source. This case teaches us that gall-stone colic may be confounded with gastralgia, or that gastralgia may sometimes be due to the passage of gall-stones.

CASE 4.—Same patient; became pregnant on the recovery of her health. Suffered much from nausea and salivation; better after cuprum ^{200}. At seven months, complained of intolerable and frequent neuralgic attacks in the region of the old dorsal pains; no calculi. Rhus ^{200} helped; also china ^{200}, but had epistaxis, arrested by compression of the facial arteries. Now, the sight became dim, and this grew worse rapidly. With the ophthalmoscope, retinitis was diagnosed, but there was no hæmorrhagic change; only swelling of the eye-ground, as shown by hypermetropic shallowness of the eyeball, with obscuration of the vessels. The urine was tested, also, and an abundance of albumen and casts, mainly hyaline at first, detected. She was extremely anxious to have a living child, as, in her fourteen years' married life, she having been twice confined, both children had been immediately lost; hence artificial delivery was dismissed. At about eight and one-half months the "neuralgia" being marked by strong flushes of heat, she received ferrum phosphoricum ^{30}, in repeated doses, in water. The pains speedily ceased, and simultaneously labor commenced. A digital examination showed the right side presenting, the back in front; in short, all the neuralgia was now easily traced to fœtal malposition, affecting an abnormally sensitive region; perhaps, also, aiding in the development of the nephritis, and even determining the nausea, etc. However this may be, the drug, being still indicated, was continued, and dilatation of the os awaited, with the prospect of "turning" the fœtus in view. At the next visit the pains had just become expulsive, the vertex was at the os, and the long diameter of the uterus, which was at the first examination transverse, was now vertical. (Query—Was the version wholly "spontaneous," or did the drug determine it? It was, at any rate, a matter of regret that the diagnosis and prescription had not been reached weeks earlier.) Delivery was soon effected, but the child rapidly sank and expired the same evening, apparently from cardiac paralysis, with cyanosis.

The lessons derivable hence are, first, that the constitutional factor in this lady was of the very first magnitude of

pathological importance, psoric, sycotic, or whatever else it might be called; hence, the necessity of treating it more than the special lesions. The ferrum phos. was, and probably had long been, her true remedy. Secondly, trunkal pains during pregnancy, particularly during the latter months, should lead to a careful examination as to the position of the child. Thirdly, it seems possible to influence that position by drugs which can act upon the muscular fibres of the uterus, and so adjust their contractions, as to determine a change to the normal shape of the gravid organ, thereby compelling the fœtus to assume the usual approximately vertical position. In view of this, one cannot envy the intellectual acumen of those who deny the power of pulsatilla, bryonia, ferrum phos., or any other indicated drug, to "change the position of the fœtus in utero." Adequate evidence in favor of all three of these, at least, is not wanting.

Case 5.—A gentleman of 48 years, was long in the habit of taking his morning wash at the bath-tub, resting his weight, in bending over, upon his right knee, pressed against the side of the same. Suddenly synovitis set in, confining him to bed for some days. A wet sponge and roller compress, with internal remedies, soon cured the attack. The error was not repeated, but now the inside of the lower thigh was made use of as the fulcrum when washing, causing a strain upon the outer part of the thigh. Soon sciatica appeared, but the cause was long misapprehended, and drugs were relied on. At length the truth was divined, the habit stopped, and this most obstinate sciatica disappeared. Similar cases have since been detected. In one, an old lady, fatal abscess of the knee was probably due to like traumatism, as the attack began under like circumstances. Another, a young married lady, complaining of the same conditions, instantly accepted the suggestion of such causation, saying that it was her habit to rest her knee against the bath-tub, in that way. It was soon well, after stopping the practice. The lesson of these, at first obscure cases, is that unsuspected traumatism is often the source of serious, and it may be, fatal lesion.

REPORT OF THE BUREAU OF OBSTETRICS.

The Chairman of the Bureau of Obstetrics not being present, the reported was presented by Dr. J. C. Guernsey, who offered the following papers, which were accepted and referred to the Publishing Committee:

Diseases of the Mammæ of Females and their Treatment, by G. E. Gramm, M. D.

A Case of Pregnancy, complicated by Laceration of the Cervix Uteri extending beyond the Internal Os, by O. T. Huebener, M. D.

The Treatment of Female Diseases, by H. N. Guernsey, M. D.

Three Factors Essential for Successful Practice, Before, During and After Parturition, by J. C. Guernsey, M. D.

Communication from H. Detwiller, M. D.

DISEASES OF THE MAMMÆ OF FEMALES, AND THEIR TREATMENT.

BY G. E. GRAMM, M. D., PHILADELPHIA.

The diseases to which the mammæ of females are liable consist of those which are dependent upon the quantitative and qualitative changes in the secretion of the milk, particularly inflammation, abscess, stagnation of milk in the milk-ducts and ultimate glandules, and the consequent "cakes" or abscesses, indurations, lipoma, scirrhus, and carcinoma. Partly as a consequence of these and similar diseases, but partly also in consequence of congenital defects of development, the mammæ present various malformations.

Their importance, on account of the relation to the general system, and particularly because of their connection with the organs of generation, and on the other hand, their designation for supplying the first nourishment of the child, necessitates their becoming the subjects of particular care, which should commence in the earliest years of physical development. Of

the first importance is the care that should be taken of the general health, which, in all cases, reacts upon single organs and parts. Among the diseases whose baneful influences are particularly exerted upon the glandular system, which is therefore also injurious to the mammæ, scrofula stands in the front rank, and its prevention during the period of physical development is of the greatest importance. Particularly injurious to the structure and health of the mammæ is every external pressure, by which the foundations of many abnormalities and diseases are laid in early life. Already in infancy too tight clothing, particularly too tight bandaging, may be very injurious, and pressure, squeezing and contusions may be the cause of various diseases: therefore, the squeezing of milk out of the breast of infants soon after birth should be positively avoided. No less injurious is too tight clothing in later years; but not more so than are corsets.

Articles of clothing which are not too tight in themselves, but which act injuriously partly from the pressure which they exert and partly from causing too great warmth, should be avoided, for an abnormal amount of heat will cause a determination of fluids to the parts and their premature development, and various diseases as a consequence. Too scanty clothing or total uncovering of the breasts is also to be deprecated, and has a particularly bad effect when the changes culminating in puberty are taking place, as they are then most sensitive to any impression. Every gentle or violent handling, rubbing or squeezing of the breasts, must at all times be avoided, especially during the developmental period, as they have a tendency to cause relaxation, inflammation, induration, and even scirrhus; and also because they produce a sympathetic irritation of the sexual organs. Finally, all influences which primarily operate injuriously upon the sexual system, often cause diseases and malformations of the mammæ through the sympathetic connection just mentioned, and must therefore be carefully avoided.

The care which the mammæ should receive during pregnancy, during the lying-in period, and during the time that the

child is nursing, is in great part dependent upon the condition of the general system during these periods; while the particular rules to be laid down, for avoiding or treating special diseases of the breasts, must be deduced from the peculiar nature and course of each.

In the selection of the homœopathic remedy, a careful individualization is indispensable, and the totality of the symptoms determines what medicine to administer in a given case. Predicating that the characteristic symptoms of the following remedies are known, I will recount the principal symptoms produced by each in this connection.

MAMMARY GLAND.

Acon. Galactorrhœa.

Actea spic. Swelling and sensation of heat, at times burning: relaxation and collapse, with prickling sensation; frequent transitory stitches in the right, and tensive drawing in the left breast, at night.

Alum. Fine stitches in the left breast, mornings.

Ammon. mur. Sharp stitches below the left breast when standing.

Apis'. Inflammation.

Arsen. Carcinoma.

Asterias. Carcinoma mammæ, particularly left sided.

Bellad. Inflammation, with stitches which appear and disappear quickly; swelling and induration of the glands; carcinoma; secretion of milk even in the non-pregnant; erysipelas.

Bovista. Itching.

Bryon. Inflammatory swelling; induration.

Calc. carb. Hot swelling; suppression of milk.

Carbo an. Painful nodosities.

Carbo veg. Burning; itching; induration.

Chamom. Hard lumps in which drawing, tearing pains are experienced without and from contact; induration; suppression of milk.

Clematis. Carcinoma; induration.

Coccul. Shuddering sensation over the breasts; stitching pain in the left, evenings.

Conium. Carcinoma; indurations.

Graphit. Nodosities.

Guajac. Shuddering sensation over the breasts.

Hepar. At the ontset of pus formation.

Iodium. Suppression of milk; atrophy and relaxation of the mammæ.

Kali carb. Tearing stitching pains.

Lac can. Injurious effects of weaning.

Lycop. Burning lumps in the mammæ.

Merc. corr. Painful swelling of the glands; induration.

Merc. sol. Abnormal enlargement, especially of the nipples, which are harder than normal and painful; periodic ulcerative pain.

Phosph. Very painful inflammation and swelling, going on to the development of pus; itching; erysipelas, with swelling, redness, burning and stitching, followed by abscesses; induration; carcinoma with violent hæmorrhages.

Phytol. Inflammation.

Puls. Tensive swelling as though from accumulation of milk during nursing; nodosities in the mammæ, particularly in young girls.

Rhus tox. Itching; suppression of milk; erysipelas.

Sabina. Painful swelling.

Sepia. Induration and sensation of enlargement in the mammary gland; stitches; carcinoma.

Silic. Itching.

Sulph. Carcinoma.

Veratr. alb. Painfulness of the mammæ.

Zinc. Itching; twitching in one mammæ when the milk should appear.

Secal. and *Kreas.* are important remedies in carcinoma mammæ when ulceration sets in.

Baryta carb. has been of great service to me in the treatment of an enlarged mammary gland, of stony hardness, in a middle aged woman.

NIPPLES.

Actea spic. Itching, transformed into burning by scratching.

Agar. Burning itching, followed by the eruption of papules on the left nipple. (*Phos. Zinc.*)

Argent. met. Sharp stitches above the left nipple, tearing below it.

Arnica. Sensation of soreness.

Bellad. Pressure below the right nipple; inflammation.

Bryon. Inflammation; pains like electric shocks in the indurated nipple; sharp stitches from within outwards in the chest below the right nipple on expiring.

Camphor. Fine tearing or stitching sensation from above the nipple toward the pelvis.

Chamom. Soreness.

China. Sharp stitches above the right nipple from within outwards.

Coccul. Fine stitches in both nipples.

Conium. Violent itching on both nipples; tearing around the nipple alternating with stitches, accompanied by pressure over the sternum, with frequent oppression and dyspnœa.

Croton tig. Drawing pain from without inward, starting from the nipple, during nursing, on the left side.

Graphit. Painful, sore nipples with discharge of a glutinous, transparent fluid.

Ignat. Stitches in the nipple on deep inspiration.

Lach. Always worse after sleep.

Ledum. Hard pressure from within outwards below the right nipple, worse during expiration in the morning in bed.

Lycop. Exuding of bloody glutinous water; soreness: stitches.

Mur. ac. Violent stitches in the right nipple.

Nitric ac. Soreness.

Nux vom. Tension and chilly sensation in the nipple; stitches below it: sensation as though milk was collecting in the breasts.

Phosph. Papular eruption; very painful inflammation and swelling followed by pus formation.

Pulsat. Itching not disappearing after scratching.

Rheum. Long-lasting stitches: pain as from flatus in the abdomen.

Rhus tox. Itching at night after going to bed.

Ruta. Sharp stitches between the left nipple and axilla, worse from inspiration.

Sabina. Voluptuous itching in the nipples.

Silic. Inflammation and soreness of the nipple with fistulous openings.

Sulphur. Rhagades with burning pain in the nipple; sore pain.

Veratr. alb. Sharp, slow and finally itching stitches.

Zinc. Papular eruption; pressive sore pain.

A CASE OF PREGNANCY, COMPLICATED BY LACERATION OF THE CERVIX UTERI EXTENDING BEYOND THE INTERNAL OS.

BY O. T. HUEBENER, M. D., LANCASTER, PA.

Mrs. A. P.; aged forty-one; blonde; medium size and rather spare, came to consult me on December 11th, 1882, with the following history:

Her first confinement, eight years ago, was very difficult and tedious, and was terminated finally by the use of forceps. She gave birth to a girl, weighing four pounds. Her post partum recovery was very slow and she has not been well since.

Her second pregnancy terminated in a premature labor at seven months, the result being a very small boy. This labor was scarcely less difficult than the first, and her post-partum recovery as tedious. The child lived between three and four months.

Her third pregnancy and confinement were a repetition of the second, and her physician told her then that she could

never carry another fœtus to full term. This child, also a puny little boy, lived a few months.

She suffered during her pregnancies from varicose veins of legs and thighs, which were very painful, and worst on the calves. Since her second confinement she has been afflicted with a severe pain in her right knee, mostly in the evening.

She is nearly four months pregnant, and fears a repetition of her former experiences.

She has a rupture in the left inguinal region, which causes her much suffering. She has noticed it only about three weeks. The pain draws from the hernia to the stomach, causing eructations, and to the back. It is worse in the evening and at night. The pain in the back is a dull ache, not affected by motion or position. The abdomen is often bloated and feels tight, and causes shortness of breath, so that she must loosen her clothing. Pressure and heaviness in the stomach with eructations tasting of coffee, although she drinks none. She is sleepy in the daytime and early in the evening, and sleeps poorly before midnight.

She often has headache over the eyes, with nausea; worse from moving the eyes, and relieved in the open air. Occasional stitches from occiput to vertex. Bowels inclined to be costive. Feels chilly and has occasional chills up the back. Feet inclined to be cold. Feeling of fatigue across the stomach, and hypochondria from sitting.

She is of a mild disposition and easily affected: cries much.

She came principally to consult me about her hernia, which I found to be an easily reducible, direct, inguinal hernia. I examined her womb and found the cervix lacerated on the left side, the fissure extending slightly beyond the internal os, and measuring over an inch and one-eighth in length! The cervix was patulous; the womb somewhat prolapsed so that it was easy of access. I could introduce my finger into the cavity, and feel the amniotic membrane and the fœtus within.

This lacerated cervix was evidently the reason why she could "never carry another child to full term!"

This accident had occured during the first labor. There was no skilled gynæcologist present to sew it up, and so she was doomed never to have another fully developed child. I told her that if she placed herself under my care, for the rest of her pregnancy, I believed we could so improve her general condition as to enable her to carry her child the allotted nine months.

I prescribed pulsatilla ^{200}, four powders, to be taken morning and evening.

She commenced to improve at once, and got no more medicine until February 10th, 1883, when I gave her one more dose of pulsatilla ^{200}.

March 4th. Complains of pain and tightness in the region of the liver; varices on calves better, but have developed more on the inside of the right thigh. I prescribed ferrum ^{200}, one powder.

March 31st. Pain in liver gone and varices rather better; sac. lac.

April 14th. Was summoned in haste, her husband telling me she was going to miscarry. She had had a great fright. A laboring man who was cutting wood in front of her window, cut his leg severely, and the blood streamed from the wound. There was no help at hand, and she had to attend to the wound. I made all the haste I could to reach her, she living six miles from my office. I found her having regular contractions at intervals of eight or nine minutes. She was still greatly excited from her fright, her face was flushed, and she had a wild look. Breathing rather hard, and seemed slightly delirious. I gave her a dose of opium ^{200} at once, examined her womb, and found the rent in it expanded so that I could readily introduce two fingers, and the contractions were very decided.

She asked me whether I thought she was going to miscarry, and I said, "no you are not, you are only frightened a little, and have cramps. Keep quiet and try to sleep, and you will be all right when you wake up." This reassured her, and in twenty minutes she was asleep, and slept half an hour,

awaking to find the cramps gone, and feeling altogether much better. I remained with her for some time longer, and there being no return of the cramps, I gave her sac. lac.

I did not see her again until May 21st, when I was called in the evening about eight o'clock. When I arrived I found her in the first stage of labor, and in good condition. Labor progressed finely, was short and normal, and resulted in the delivery of a fine eight-pound boy, comparatively easy—far easier than any of her former labors. I kept my finger on the os most of the time, to observe the dilation, which was peculiar. As long as I could feel the cervix, it remained a soft, patulous mass, and the dilatation seemed to be confined to the rent, which seemed to grow longer and larger, until the head was so low that I could no longer reach it.

The only comment I have to make is that this apparently insurmountable obstacle to the completion of gestation was overcome by pulsatilla, far better than by any surgical operation, as it insured an eight-pound boy, where none before had exceeded four pounds.

THE TREATMENT OF FEMALE DISEASES.

BY H. N. GUERNSEY, M. D., PHILADELPHIA.

My contribution for this meeting will consist of a few general observations on the treatment of what are commonly termed "Female Diseases."

In prescribing medicine we are too much inclined to consider only the immediate subject of our patient's complaint. When she comes to us, for instance, with an inveterate leucorrhœa, instead of occupying ourselves only with its etiology, pathology, general and special appearance, we should reflect that it is her whole organism which is at fault. To begin with, it is her cerebrum that warms into life and sets in motion every tissue and organ in her body; that the muscles and actions, which are in the ultimates of her body and in the

soles of her feet, depend more immediately upon the topmost fibres of the cerebrum; that the middle lobe of this great organ governs the muscles which belong to the abdomen and thorax; that the third lobe governs those which belong to the face and head. Thus we see, from her anatomical structure and physiological actions, that every part of her organism is in constant sympathy with the whole, and the whole with every part. Not only so, but the cerebrum is also the seat of her mental powers, forming a common bond connecting the organ of sense of the body with the sensories of the mind. Thus, we see the mind is the golden thread connecting all the issues of life with the cerebrum, and the cerebrum is the great fountain whence proceeds every artery and vein, every nerve and muscle, every bony tissue and its covering, every part, parcel and tissue, as they are shaped and woven into the body of woman.

In consideration of the above facts, we perceive the great wisdom of Samuel Hahnemann in formulating the basis of all true prescribing of medicines for those who are not well. No fortunate, successful or scientific prescription can ever be made unless all the symptoms of the patient, from the crown of the head to the soles of the feet, are duly considered and collated into one harmonious whole. So in case of the chronic leucorrhœa alluded to above. Not only should the general and special characteristics of the leucorrhœa correspond with the remedy to be given, but also those of the mind, the head, the heart and lungs, the condition of the bowels, including those of the feet. For instance, she may have a leucorrhœa that colors her linen yellow. Now, we would naturally think of carbo an. as one of the remedies. If she is sad and reflective and desires to be alone, it is still carbo an. If there be considerable pain in the vertex, as if the skull were split or torn asunder, or as if it were lifting up like the lid of a coffee-pot, we will then feel very sure of carbo an. After a few doses of this remedy have been given, and a week or two has elapsed, our patient will probably tell us her leucorrhœa

is no better, but she feels better in her mind, and the head is rather better. Now, we must continue the action of carbo an. for weeks or months, at all events so long as she is improving in any way whatever, and last of all the leucorrhœa will disappear also. So of amenorrhœa, dysmenorrhœa, or menorrhagia; the symptoms of the functional derangement in each case must be carefully collated, and then all the symptoms of the mind, if any, the head, heart and lungs, the digestive functions, constipation or diarrhœa, the condition of the lower extremities and feet; any derangement in any part of the system has a direct bearing upon the peculiar menstrual derangement, and a single remedy well chosen and allowed to act for weeks and months will do infinitely more for our patient than any other course that can possibly be pursued. The remedy should never be changed so long as improvement is manifest in any respect whatever.

Should there be ulcers on the neck of the uterus, it is not the ulcers that must particularly claim our attention, but the disordered condition of the system that leads up to them. The ulcers are an effect, not a cause. So of ovarian tumors. The tumor need not and should not occupy our attention to the neglect of any other part of the body, either mental or physical. Any, the slightest, derangement of either, may be of immense value to the true physician in causing that tumor to disappear, because she has been so thoroughly cured that it could no longer exist. The tumor, we all know, is but the effect, the outcropping of the disease. What a boon to the pregnant woman is a true homœopathic physician; because he does not attempt to relieve any particular phase of her sufferings, but with the similimum to the whole condition, both mental and physical, she is made comfortable to the last days of pregnancy. In parturition, what a glorious conquest the physician achieves who is faithful to the law of the similars. Being fully conscious of the unity of the mind and body of his patient through the cerebrum, he sits in judgment over the last grand function of reproduction, quickly correcting

any abnormality that may appear by means of the well chosen similimum. The after-pains that sometimes occur after this grand function has been completed, need the same broad-minded attention as in all cases of physical suffering. Not only do we want a close scrutiny of the peculiar after pains, but of all attending symptoms, whether there be restlessness and tossing from side to side; whether the patient desires little or much covering; whether she desires the room flooded with air or the contrary. The picture should include everything: all that manifests itself to the attentive observer, or that disturbs the peace and quiet of the recent mother. We are all aware of what are called reflex symptoms of apparently local diseases. In the early stages of hip-joint diseases the suffering is in the knee. A disordered stomach often causes palpition, sore throat, inflamed eyes, vertigo, headache, etc. The same principle is true of female disorders, whether during pregnancy or at other times. No prescription should ever be made until the whole condition is taken in, both mental and physical, from the topmost fibers of the cerebrum to the very ultimates of the body. To the careful and experienced physician, one who has schooled himself to this nice and exact way of procedure, this can be done very expeditiously and with wonderful accuracy. In this manner, and only in this manner, can all sorts of incurable diseases be cured safely and permanently.

THREE FACTORS ESSENTIAL FOR SUCCESSFUL PRACTICE BEFORE, DURING AND AFTER PARTURITION.

BY J. C. GUERNSEY, M.D., PHILADELPHIA.

It seems to me necessary to very sharply remind ourselves at times of the three essentials of success in our obstetric practice which we of the homœopathic school possess. I have had sufficient experience to assert with confidence that, outside of some few cases of malformation, abnormal growth, etc., directly requiring surgical or operative measures, or pos-

sibly some few cases complicated with syphilis, or scrofula, or some badly treated chronic ailment, the following factors are all sufficient to combat and overcome the many difficulties appearing before, during and after parturition.

First.—Our therapeutics, which must be administered in strictest accordance with the laws of pure homœopathy.

Second.—Careful hygienic observance.

Third.—Proper dietetic regimen.

Arm a medical neophyte who is reasonably well posted in obstetrics with these three weapons, and he may be safely backed to win more prizes in successful practice than will one who relies upon palliatives, adjuvants, etc.

Before Parturition.—As soon as a woman becomes *enceinte* it is better for her, as well as for the physician, to see and notify him of her expectation. Now is the time to begin the preparation for the end. He should ascertain as nearly as possible her exact condition, and if he perceive any departure from the equilibrium of health, should carefully prescribe for the same, being punctiliously particular to find and administer the nearest or most similar remedy. During her whole term of pregnancy he should make a habit of visiting her more or less frequently, as her state of health requires. Some cases need to be seen very often, perhaps once or twice a week or still oftener, throughout the whole term of pregnancy. Right here a word! No matter if you are told not to come so often; that your bill will get so big they can't pay it, etc. Simply reply: "Never mind the bill. What I want is to carry you safely and well through your parturition." This course will pay in the end. It will result in successful deliveries, especially in cases which have persistently aborted in the earlier months, and you will gain the reputation of being "so attentive" and "such a skillful accoucheur," two very excellent advertisements for a doctor.

Above all, to pure homœopathy be true! All her ailments, from anorexia to malacia, including nausea, pyrosis and all gastric disturbances; constipation or diarrhœa; dysp-

nœa, ptyalism. albuminuria, pruritus vulvæ, etc., all must yield to the homœopathic similimum when supported by the proper hygienic and dietetic observances. Some old school authorities assert that there are such bad cases of morning sickness that premature delivery must be induced to save the patient's life. I don't believe a word of this. I don't believe any practitioner of pure homœopathy ever found it necessary to resort to such a procedure. If there has been such a case I would like to know it. The same remedy (?) from the same source of course, has been advised for the cure of pruritus. *Cure!* Call it rather an avowed admission that their remedial method or methods, are wholly unable *to cure* the trouble. As for constipation dependent upon pregnancy, this must be overcome by curing the woman herself, and is not to be combated by palliatives such as suppositories, injections, relaxing drugs, etc. Such measures do not tend to the real cure of the patient or to the healthy growth of the fœtus. I had a bad case of this sort once where the woman aborted four times under old school treatment because her constipation became so bad that the straining at stool would bring on premature labor. All her physicians assured her it would be impossible for her ever to go to full term and give birth to a living child. Soon after the beginning of her fifth pregnancy she was placed under my charge; by curing *the woman herself* with kali carb. $^{100\,m}$, I carried her to full term, when she was happily delivered of a healthy child. In due time I attended her through a succeeding pregnancy, to full term, when she was again delivered of a healthy child.* I claim nothing for myself individually in this case, but to pure homœopathy I do give full credit. And so all through pregnancy to the hour of parturition, the woman should be carefully looked to and every ailment, no matter how apparently trifling, should be submitted to and receive the earnest consideration of the attendant physician.

DURING PARTURITION.—If by good fortune our metal has been untried at an earlier stage of pregnancy, here indeed

* For particulars of this case see Hahnemannian Monthly, vol. xiii., p. 85.

we will often reap rich rewards by the exercise of our science; for at this stage we have a host of enemies lurking in ambush, any one or several of which may spring forth at any moment. Among these may be mentioned slowness, feebleness or entire suspension of the uterine contractions; distressing, spasmodic, irregular pains; rigidity of the os: fainting, weakness and exhaustion; hæmorrhage, convulsions—every practitioner knows what to look out for. Let us take that special *bete noir*, the rigid os; and what do we find more tedious and annoying than this? The historic balky mule is nothing beside a balky os. The treatment is somewhat similar in both cases, in that mild and persuasive measures are by far the best for the present and future welfare of that mule or that os. Don't lick the mule, and don't nick the os—for this or any other of its offenses. Carefully prescribe the proper remedy for each. To the mule, offer oats, grass, hay, clover, etc.; to the os, give acon., avena, bell., caulop., cham., cimicif., gels., lycopod., etc. Many and many a time I have seen, or rather felt, the os soften and melt away into entire obliteration in a short space of time after the proper remedy had begun to work. I saw a remarkable illustration of the power of the similimum last spring, in a case of insufficient pains, to which I had been called by Dr. C. G. Raue, to assist him in a case which he thought would need operative measures. When I arrived we found the face presenting, very high up; she had been in labor many hours, and her pains had ceased. We sat down to carefully study up the case, and finally Dr. Raue decided to give natrum mur., a remedy not frequently thought of, I believe, in such a connection. The pains soon began, and in a a short time the child was born naturally. This prescription made a strong impression on me. Previous to the administration of the remedy, the case appeared "so dead;" there was no pain at all, and the patient did not exhibit any particular or marked distress. Yet, by carefully noting some slight abnormalities which served, like little straws, to show which way the wind blew, he was guided to the choice of a

remedy, which by removing or overcoming whatever morbific influence was at work in her system, allowed a return of the vital forces to a state of health: whereupon the pains immediately started up, and in a short time her labor terminated naturally. This case more than ever convinced me of the apparently limitless efficacy of the proper homœopathic remedy. We should profit by this example, and carefully prescribe the similimum throughout the parturient stage in every instance where "things don't work right," or where they don't work at all.

It is wonderful, I was tempted to say awe-inspiring, to witness the rapidity with which the proper remedy will work, and the great amount of good work it will accomplish when it is truly the most similar. Even when a woman complains of exhaustion, declares she is too tired and too weak to have another pain: that another pain will sap her little remaining strength so that she will die, and she actually is tired and weak, as one can see for himself: here, too, is the place for the similimum, caulop., sac. lac. ^{high}, or whatever it may be, and it should be resorted to before whisky or brandy.

After Parturition.—Now we are to look out for post partum hæmorrhage, convulsions, hour-glass contractions, retained placenta, milk fever, gathered breasts, sore nipples, and what you will. In all these troubles, and ofttimes they do trouble sorely and greatly vex the physician's mind: in all these cases we are to rely upon pure homœopathy, aided only by hygiene and dietetics. In one of our homœopathic journals, lately issued, is an article on post partum hæmorrhage, in which the author delivers himself as follows: "As a preventive measure, when the head lies at the pelvic outlet where delivery may be effected by natural or artificial means without any great delay, I give about one-half drachm of Squibb's fluid extract of ergot. This is given, not to correct any abnormalities, for they are to be met by other means, but, given at this time, by the time delivery has been accomplished the drug will begin to produce its specific effect; this aids in early

removal of the placenta, and that is followed by uterine contractions." Now, in the name of common sense, what kind of practice is this? It is not homœopathic. It is not scientific! It is not even reliable; for, by what we learn from old school sources, the much lauded ergot does not always "produce its specific effect" in the manner desired, and too often a physician finds he has drugged his patient to no good purpose. I dislike personalities, and for this reason have omitted mention of the journal and of the author's name. I have only made the quotation to illustrate and fortify the opening sentence of my paper, that we need often to sharply remind ourselves of our three essential factors, etc. Our journals are so full of just such senseless and illy considered teaching, that it is a comparative rarity to pick up one without seeing in it one or more flagrant departures from the law of the similars. If these irregularities were only prefaced by some such comment as, "a rigid application of the law of the similars in all cases is too hard work; I prefer a lazier hap-hazard method," we should know just how to gauge them.

EASTON, September 12th, 1884.

J. C. Guernsey, M.D.:

DEAR DOCTOR:—I received your letter of the 14th ultimate in due time, and appreciated the importance, nay duty, of preparing a communication for the Committee on Obstetrics, of which your father is the chairman. I went to work—wrote, re-wrote, and destroyed—being not able to write in the English language a treatise on a grave subject such as the society would have a right to expect. Therefore I gave up the attempt only within the last week. I had worked on extrauterine and intrauterine anomalies and abnormalities of conception, development, etc., but was not satisfied with my work or mode of writing, and so gave it up to the waste-basket. It is a hard task to write and subject the writing to critics. If you are disappointed on my non-compliance with your request, I am very sorry, and hope you will excuse me

on the above stated reason, to which may be added the constant professional calls and interruptions, as well as the proximity of the beginning of my ninetieth year of existence.

Very respectfully yours,

H. DETWILLER, M. D.

DISCUSSION.

DR. J. C. GUERNSEY: Shortly after writing my paper I met a physician, (homœopathic) who said to me: "I have been in practice for eighteen years and have just had what I thought would be my first case where it was necessary to produce abortion. The woman was eleven weeks advanced in pregnancy, had terrible nausea all the time, all day and all night, accompanied with severe gastralgia. I went to the house prepared to act, but on arriving there found that Nature had forestalled me and the woman was aborting. I gave her every remedy I could, that seemed to bear upon the case, but all to no avail. It seems to me that all the remedies did was to hold the case back until *Nature* found the proper time to produce the abortion herself."

I inquired very particularly into this case and learned the following facts: 1. The woman had metritis, and considerable subnivolution of the uterus. 2. This was the fifth pregnancy. 3. The doctor had never attended her until he was called in at the beginning of this pregnancy. Now, I do not allow that this case in the least militates against the position taken in my paper. Here was a badly complicated case on his hands, and prior to his attendance she had had all sorts of treatment. I fully believe that if he could continue to treat her right along for some time and she should then become pregnant again, he would successfully carry her through a happy parturition at full term.

DR. JAMES: The paper of Dr. Huebener's interested me very much. I am proud to think that we can get such action from our homœopathic remedies, and that the physician was able by their use to bring such a case to complete term, especially after she had had several abortions. Had the doctor omitted the last clause of his paper I would have been still

better pleased. I do not think that a condition of the cervix uteri, such as he has described, should be allowed to go unrepaired. I should be hooted out of the profession were I to treat a case of ununited fracture of a limb by the use of bandages and a temporary splint, instead of making an effort to get firm union, and thus obtain for my patient a good, useful limb. This case is somewhat similar, and an effort should have been made to unite the edges of the cervical rent and place the parts, as near as possible, in their normal condition.

Dr. Farrington: I should like to say a word in regard to the remarks made by Dr. Guernsey in relation to abortion. I fear physicians are not careful enough in regard to the protection of the coming offspring. A general opinion exists among the laity that there is no life until after quickening. The physician knows better, but at the same time he does not take sufficient care for it. We often find physicians performing slight surgical operations on the pregnant woman, which result in abortion, when slight care could have entirely prevented the loss to the world of a human being. Instead of resorting to surgical means for the removal of these trifling ailments the physician should study the medicines required for its cure. This might not remove the affection so quickly, but the woman should be willing to suffer some rather than to jeopardize the safety of her fœtus, for it is a woman's duty, under Heaven, to bear children, and she is responsible in a great measure for the condition of health in which her children are born. The more she increases the health of her offspring the sooner will come that state of health when childbearing will not be such a severe trial, but more of a pleasure. We cannot always succeed in preventing suffering, but we should endeavor to do so, and the production of abortion will soon become an unusual thing. It should only be done when there is really danger of death of both mother and child, and only then after consultation with one or more other physicians. I hope our homœopathic physicians may not be drawn into the condemnable practice of destroying the child, and

also that the operations of removing the ovaries or the uterus, thus maiming and unsexing the woman, may not be resorted to, but that by a careful study of the remedies for the case, the diseased condition may be cured and the mutilation be rendered unnecessary.

REPORT OF THE BUREAU OF CLINICAL MEDICINE.

Dr. J. K. Lee, of Johnstown, Chairman of the Bureau of Clinical Medicine, presented the following papers, which were accepted and referred to the Publishing Committee:

Experience with Tarentula Cubensis in Diphtheria, by W. J. Martin, M. D.

Amyloid Degeneration in Phthisis, by J. C. Morgan, M. D.

Cases from Ward's Island Hospital, N. Y., by J. R. Horner, M. D.

Clinical Results of the Use of Ustilago Maidis, with cases, by F. J. Slough, M. D.

Aconite in Knee-Pains, by J. C. Morgan, M. D.

Disease of Supra-Renal Capsule and Pancreas, by D. Cowley, M. D.

Convallaria Maialis in Gastralgia, by J. K. Lee, M. D., of Johnstown.

Remarks on a case of Unilateral Atrophy of the Muscles of Mastication, by C. Bartlett, M. D.

Diabetes Mellitus, by J. K. Lee, M. D., of Johnstown.

Intermittent and Remittent Fevers, by the Hahnemannian Medical Society of Reading.

Rectal Alimentation, by the Allegheny County Society.

EXPERIENCE WITH TARENTULA CUBENSIS IN DIPHTHERIA.

BY W. J. MARTIN, M, D., PITTSBURGH.

The first case in which I used the tarentula cubensis was that of Stella J., aged ten years, who was taken suddenly and violently sick on the evening of December 15th, 1883, with high fever, delirium, vomiting and great prostration. The following morning I was called to see her. The fever and delirium had somewhat abated; vomiting at intervals; throat swollen externally on both sides, and internally the entire fauces were red, with both tonsils covered by a firm membrane, the color of pearl. Both sides were equally affected; the odor from the mouth was very offensive. I prescribed merc. cy. [6] every two hours. On the following morning the patient was no better; fever as high and delirium as great as the night before; she still vomits, and the swelling and membrane is increasing. I could see no remedy better indicated than the merc. cyan., and so continued it. I saw her again that night; no improvement; disease progressing; all the conditions above noted aggravated. During the day I had provided myself with some tarentula cubensis, a remedy that I had never used but remembered having seen it highly spoken of by Dr. Samuel Freedley, of Philadelphia, who speaks of it thus: "All homœopathic physicians are well aware that aconite will cure an acute inflammatory fever in a very short time, say in eight or ten hours, but that it is of no avail in diphtheria. Tarentula cubensis, I have found, will cure diphtheritic fever in its highest forms with delirium, in about the same time that the former remedy cures acute fever, and if given at the proper time rarely wants any other medicine to perfect the cure."

Here, I thought, was a case in which I would try this new remedy. The patient had been growing worse for forty-eight hours, the treatment so far having been without effect.

Ten drops of the third decimal dilution were put into a glass half full of water, of which she was given two teaspoonfuls every two hours. At my visit next morning I found

a marvelous change. She had slept well after taking two doses of the medicine, external and internal swelling was less, the membrane looked more spongy, vomiting had ceased, and she had taken a little toast for breakfast. The tarent. cub. was continued for this and the following day, after which she got sac. lac. In one week from the time she commenced taking the new medicine she was discharged cured.

I was elated over the result of this, my first trial of tarent. cub., but as one swallow does not make a summer, I put my vial of tarent. in my vest pocket and awaited another chance to test its powers.

The next case of diphtheria I was called to was on January 5th, present year: a little boy, about five years old. All of the inflammatory symptoms usual in such cases were present: head hot, face fiery red, pungent heat of the surface of the body, drowsy with starting in sleep, the throat swollen internally, both tonsils slightly covered with membrane, distinct odor of diphtheria. Prescribed tarent. ^{3} in water, a dose every two hours. Next morning much better; remedy continued, and on the following day he received another prescription of the same, and was discharged cured.

This was the second "swallow," but we would hardly say that two swallows make a summer, so I was anxious for another chance to try our new remedy.

On January 16th, I was called to the next case of diphtheria. The patient was a rather delicate little girl about six years old; symptoms much the same as the last case: both sides of the throat equally affected. I made three daily visits, when she was better. Remedy, tarentula ^{3} in water.

On January 21st, I was called to a baby, about two years old, with the diphtheria. Throat inflamed and a patch of membrane on each tonsil; feverish and starting in sleep. Tarentula ^{3} in water reduced the fever promptly, and the condition of the throat rapidly improved. I made him but five visits. At the first three I prescribed tarentula, at the last two sac. lac.

On the morning of February 5th, I was called to see a boy aged five years, of light complexion and nervous temperament. He had gone to bed the previous evening apparently well, but during the night became feverish and flighty, vomited, and complained of soreness of the throat. When I saw him, the tonsils were both much swollen and well covered with membrane. The appearance of the throat, the violence of the onset of the disease, the present high fever and tendency to vomit, all led me to consider this a very serious case. He got tarentula [3] in water, a dose every two hours, and the following morning was so much better that I could hardly credit it, he having rested well all night. I made but four visits and discharged him well. He took no remedy but tarentula.

On the 10th of February, I was called to a very stout little girl, about six years old, with the ordinary febrile symptoms accompanying an inflamed throat, with a small patch on each tonsil. The tarentula was given for three days. Discharged cured on the fourth day.

February 19th, I was called to see Oliver R., aged about eight years: a delicate, scrofulous child, who had never been very robust, and I was sorry to find that he was sick with diphtheria. I had been so unfortunate as to lose two children in this family with diphtheria during the past year, and this was their only remaining child. There was no specially bad symptoms about this case, nor had there been with the other two, but it seemed as though a peculiar fatality attended this disease in this family. I, therefore, felt especially uncertain, and also anxious, about the termination of this case. He was put on tarentula, a dose every two hours. The progress of the disease was stayed at once, and in less than a week I discharged him well.

March 19th, a little girl, aged about four years, was brought to the office, having been taken suddenly sick with vomiting and fever, and difficulty of breathing, as though the tonsils were too large. On examining the throat, I found the

tonsils much swollen, but could not see any membrane, though the smell of the breath was suspicious. *R.* Bell. [3]. Was called to see her in the evening. Condition about the same, membrane now on the tonsils plainly to be seen, and the odor from the mouth unmistakably diphtheritic. *R.* Tarentula. Next morning she was not any worse, and I continued tarent. Evening, marked improvement; 21st, still improving; tarent. continued. Evening, membrane on right side only, left tonsil clean. *R.* Lyc. [30], two hours.

March 22d, croup developed during the night. I gave an unfavorable prognosis, and prescribed kali bi. [3]. Was discharged from the case at noon. My successor advised tracheotomy, which was performed that evening, and the patient died during the operation. This case improved steadily until the tarentula was left off and lycopodium substituted. What the result might have been had the tarentula not been discontinued, no one can tell.

March 27th, I was called to see Florence C., a girl of six years. Has had high fever and delirium for the past two nights; to-day the throat is swollen externally and both tonsils covered by a yellowish membrane; fœtor oris. Tarentula cured the case in one week.

April 1st, I was called to a three year old child, with symptoms similar to the above, but no external swelling of the throat. A few days on tarentula and she was well.

April 3d, I was called to a German boy, aged about three years. He had been sick several days, and the case looked very doubtful. The tonsils were greatly swollen, membrane covering both, and also the uvula, neck much swollen, excessive fœtor oris, high fever and cerebral congestion, in short a very bad case of diphtheria. Tarentula [6] in water, a dose every two hours, completely cured in about eight days. While this child was sick two others were taken down with a similar form of the disease, both of whom promptly recovered on the tarentula. One of the children afterwards suffered from paralysis of the muscles of deglutition and took to

squinting in a very unbecoming manner, for which he got lachesis and recovered.

April 7th, I was called to see a young lady, aged sixteen. Both tonsils were swollen until they almost touched, covered by a yellowish membrane; neck greatly swollen; swallowing very difficult; fever and flushed face. I prescribed tarentula ^{6} in water, a dose every two hours. Next day the throat was no worse, headache better, and fever less. Continued tarent.

Third day. Throat symptoms the same as yesterday, profuse ptyalism, base of tongue heavily coated yellow. Prescribed merc. prot. ^{3x}, a dry powder, every two hours. On this, she steadily improved, and made a good and rapid recovery. While this young lady was under treatment three younger children were taken down with the disease. One of them, a girl of twelve years, received the treatment above noted, viz.: Tarentula, followed by merc. protiod. The two youngest ones recovered on tarentula alone. These were all severe cases.

We have here sixteen cases treated with the tarentula, all making rapid and complete recovery. I exclude the case that was placed under the care of another physician. It would probably have died under my care, but as it did not, I will not put it down as one of my fatal cases.

Thus matters stood on May 3d, when I was called to see the little son of Mr. J. Symptoms: Sudden onset of fever and vomiting, tonsils swollen and a trace of membrane appearing thereon. This man had recently buried two children, dying with diphtheria, and now his third, and only remaining one, taking sick in a similar way, he concluded to place it under homœopathic treatment. Feeling great confidence in tarentula in such cases, I did not hesitate in giving a favorable prognosis, for out of the sixteen cases noted there were a number taken as suddenly and violently, and so far as I was able to discern, exactly similarly. My first prescription was tarentula.

The following day, (Sunday) vomiting had ceased; fever subsiding, but membrane increasing. Continued tarentula. Monday, getting slowly worse. *R.* Tarent. Tuesday, throat worse, membrane spreading to the roof of mouth, and up into the posterior nares, discharge of watery character from anterior nares, odor from mouth very offensive. *R.* Nit. acid [2]. Wednesday, about the same. Continued nit. ac. Thursday, getting very weak; refuses milk, which heretofore he took freely; nostrils quite occluded. Continued nit. ac. Friday, worse, through it appears to give him no pain to swallow. Prescribed lac. caninum. He died during the night.

May 9th, I was called to see a child of Mr. Anton G. She had flushed face, rapid pulse, surface of body very hot, both tonsils swollen, bright red and covered with membrane. *R.* Tarentula, which was continued until the child was better. Following this one, three other children in this family were taken down with the disease. Tarentula was given to all. Croup supervening in two of the cases, kali bi. was given, together with inhalations of the fumes from slaking lime, and afterwards the vapor from boiling vinegar, but all to no purpose. The two cases with croup died; the two, who escaped the croup, recovered.

May 11th, I was called to see Celia N., aged about four years. Sick several days; tonsils very much swollen, and both of them well covered; high fever, worse at night with delirium. *R.* Tarentula. Next day, some improvement. Continued tarent. Third day, throat still improving, but the patient decidedly croupy. Prescribed kali bi. [1], about five grains in a glass half full of water—a teaspoonful every hour. I determined in this case not to use any hot vapor inhalations, as from recent experience I concluded that they did no good, but were very exhausting to the patient and troublesome besides.

This case, I am happy to say, made a complete recovery on kali bi. [1] and spongia [3]; the latter was given in frequently

repeated doses during paroxysms resembling spasmodic croup, which occurred at night, the kali bi. during the day. This patient was under treatment ten days.

I have given enough cases to make plain the sphere of tarentula in diphtheria. It does not take the place of any of our other remedies. I do not conceive that it will do much or any good in cases where the indicated remedy may be lyc., or lach., or nit. ac., or kali bi., but if you get a case where none of the old and oft-tried remedies are indicated, where it seems as though the symptoms call for bell. and mercury both at the same time, there you have a case for tarentula; and I do believe, as a rule, if we get the case within about twelve hours of its start we can check the progress of the disease at once.

AMYLOID DEGENERATION IN PHTHISIS.

BY JOHN C. MORGAN, M. D., PHILADELPHIA.

At the meeting of Pennsylvania State Homœopathic Society, in 1883, I had occasion to refer to the remark of Prof. Tyson, that the swelling of the feet, and diarrhœa, of consumptive cases approaching death, are the concomitant of amyloid degeneration of the liver, spleen and kidneys, and may be proved to be such, by physical exploration, and by urinary tests for albumen. To this, Dr. Clarence Bartlett took exception. Within two weeks of the present writing, I have chemically confirmed it, in the case of a young man in the last days of phthisis, whose respirations were extremely rapid, his bowels very loose, his left foot swollen. A cavity, nearly as large as my fist, in the upper left lung. A urinary examination showed an enormous amount of albumen.

Unfortunately, no post-mortem could be had, so that the testimony of the albuminuria to the existence of phthisical Bright's disease, although ample, stands alone in this case.

CASES FROM WARD'S ISLAND HOMŒOPATHIC HOSPITAL.

BY J. RICHEY HORNER, M. D., HOUSE SURGEON.

The following few cases are some which have occurred in a hospital practice which has been confined almost entirely to surgery. They are cited merely in the hope that they may help to confirm the symptoms for which they were prescribed, and whose cause was thus removed. That the cases are few is explained by the fact that our bureau is devoted to clinical medicine, rather than clinical surgery. Had it been the latter, perhaps more cases, and those of greater interest, might have been compiled.

CASE 1. J. F.; male: aged forty years; admitted to the hospital under a diagnosis of "Fistula in Ano." The history of the patient shows that he has had a fistula for six years, during which time he has been operated upon no less than five times, with the radical cure as an object. On examination I found an internal blind fistula, from which there was a discharge of thick, yellow pus, quite profuse and accompanied with a burning sensation at the anus. This condition, he said, had continued for months without yielding to the treatment he has received. This has been both medical (allopathic) and surgical, and by some of the best physicians in New York.

Prof. E. Carleton, at that time the visiting surgeon, prescribed berberis vulgaris, ^{30}, t. i. d. During the first week of treatment no improvement was noticed, but at the expiration of that time, the discharge began perceptibly to diminish, though still retaining its characteristics as before mentioned. With the diminution of the discharge, a rash appeared on the body. This eruption was not confined to any particular locality, was of a stinging, burning character, and worse at night. Sulphur ^{30}, a dose each evening, relieved this. On the 8th of September the patient was discharged cured, the closest examination failing to discover any discharge from the rectum.

CASE 2. J. C.; male; aged twenty-eight years. This patient was under treatment for cellulitis of the leg, when he was attacked with a violent enteritis, the stools being very fre-

quent and fluid, but with no special characteristics. Quite a number of remedies were prescribed during a period of six to eight days, with no improvement following.

Finally, I noticed that his condition was always aggravated when a heated term had been preceded by a few days of cold weather. From this single symptom I was led to prescribe bryonia; giving it in the tincture, and a dose every two hours. A most happy result followed: The stools decreased in number and became natural in consistency, and after a week the bowels were again restored to their normal condition.

Case 3. B. S.; female; aged sixty years; admitted to surgical ward of the hospital for sloughing cellulitis of the thigh. She had for eight years been a sufferer from chronic diarrhœa. For this she had been treated by physicians of both schools, but had received but little benefit. During her stay in the hospital many remedies had been prescribed with little or no effect.

The remedy which finally cured her was graphities [30], q. i. d. In two weeks she was completely well, and during the remaining six weeks she was with us, there was no return of the trouble. The symptom which led to the prescription of graphites was "brown fluid stools, in a case which has become chronic,"—(vide 'Bell on Diarrhœa.')

A case of icterus with most severe gall-stone colic may not prove uninteresting.

Case 4. J. U.; male; aged twenty-four years; developed within twelve hours a very severe jaundice. The whole body was of a completely orange color. The conjunctivæ were yellow, the whole condition being very marked. Accompanying this was most intense suffering from pains in the region of the gall-bladder. The pains were very severe, the first attack lasting over half an hour.

China,0 dose every two hours, was prescribed for the jaundiced condition; but the remedy which controlled the severe pain spoken of was dioscorea, given in the third potency, and at intervals of five minutes. The relief following the exhibi-

tion of this drug was almost instantaneous, the pain diminishing after the first dose. The continued use of china relieved the jaundiced condition in the course of four or five days.

CASE 5. P. R.; male; aged forty-five years. This was a case of chronic cystitis. The patient was an Italian from whom nothing could be learned with regard to his condition. He could give no description of his symptoms or condition. A number of remedies were given during the eight weeks following his admission, and accompanying these, injections of borax, one-half grain to the ounce of water and using about six ounces at each time. No impression was made on the trouble.

At last taking a cue from the condition of the urine, which was cloudy and deposited a sediment of mucus and pus—no blood—pulsatilla was prescribed in the thirtieth potency—a powder every four hours. In a few days the action of the drug became manifest; all the symptoms were ameliorated, the mucus disappeared, and urination became normal. In the course of ten days the patient was pronounced cured.

I should have said, that at the time pulsatilla was prescribed, the injection of borax was discontinued, so that the cure may be safely ascribed to the action of the remedy alone.

CASE 6. J. O'S.; male; aged thirty-eight years; admitted for necrosis and suppurative synovitis of the knee-joint. This was an extremely bad case; so very severe, that amputation above the knee was strongly advised by the visiting surgeons. But consent to this was absolutely refused, the patient preferring, as he said, to die rather than lose the leg.

The case occurring during the service of Prof. E. Carleton as visiting surgeon, he, after an exhaustive study of the symptoms, prescribed calc. fluor. ^{30}, q. i. d. The knee to be dressed with simple vaseline, and kept perfectly clean.

For the first few days no favorable result was noticed, but at the end of perhaps ten days the sinuses began to clear up and heal by granulation from the bottom. After two months of this treatment, the patient was discharged cured, the knee having become entirely well, though flexion of the leg was not possible.

CASE 7. L. N.; a practitioner of the old school. During an afternoon of last summer I was conversing with him, when he mentioned the fact of his having had, for the past week or ten days, a dysentery consisting of a profuse flow of clear blood, amounting almost to a hæmorrhage, with no pain or tenesmus.

He had been using the most approved of the many methods of treatment advised by his allopathic brethren, and also quite a few of the "old fashioned" remedies. Among these may be mentioned laudanum, opium, chalk and other astringents, etc. All this with no effect on the dysentery.

I proposed that he allow me to prescribe for him. He consented, and I gave him hamamelis, third potency, with instructions to take a dose every two hours, but to lengthen the intervals if improvement was noticed. I preceded this with a dose of nux[30] to "clear the way for a cure." After the first dose of hamamelis he noticed a change for the better in both the quality and quantity of the discharge, and after taking three doses, he did not find it necessary to take more, as the bloody discharge had *stopped entirely*, and the stools were normal. Since then he has had no return of the trouble.

CLINICAL RESULTS OF THE USE OF USTILAGO MAIDIS OR SMUT CORN, WITH CASES.

BY F. J. SLOUGH, M. D., ALLENTOWN.

During the last twenty-two years, in my practice, I was consulted on an average of half a dozen times each year to prescribe for young ladies and married women for an entire suppression of the menses. The shortest suppression of my cases was four months, and the longest, one and a half year. These cases knew no cause for the suppression, but all complained beside of a troublesome cough, considerable expectoration, sometimes also a dry cough, stitching pains in the chest, especially in the left side, night sweats, loss of appetite, pain

in the ovaries, especially the left one, and general debility, headache, leucorrhœa, chlorotic, and very anæmic, as though they were in the first stage of consumption.

During the first eighteen years of my practice I treated all such cases with what, I supposed, were the indicated remedies, viz.: pulsatilla, phosphorus, kali carb., the different preparations of iron, sulphur, and the antipsorics, but without success. Pulsatilla did not restore the menses, and these cases would gradually go into consumption, and eventually die.

Some four years ago while reading over the remedy ustilago maidis, it occurred to me that the remedy was indicated in those cases on account of its special action on the ovaries and uterine organs, as those were always the symptoms first noticed in all my cases.

My records show that I have treated thirteen cases within the last four years, who had all been under old school treatment, and all remain well to this day. Another special effect the ustilago has, is, that it brings on the menstrual flow in a *painless* way. Every patient informed me that it came on without the least pain or uneasiness, in which respect some of my cases had previous trouble.

I will now take two of the cases from my records, not thinking it necessary to give the symptoms in each case, as they were all so very similar:

Miss O.; single: aged twenty years. Parents on the mother's side, healthy, but on the father's side, all died of consumption; light hair; very pale and anæmic; slim built form; has been rather delicate from childhood. Menstruation appeared at the age of seventeen, somewhat irregular, and lasting only a day or two. When menstruation first appeared she suffered a great deal with headaches, faint sick feeling at the stomach, was very nervous, and had to keep the recumbent position during the menstrual period; she had stitching pains in chest, especially in the left side, a constant hacking cough, considerable expectoration, night sweats, and general prostration, great uneasiness in the lower extremities. Total suppres-

sion of the menses for the last fourteen months. She is very irritable and depressed; uneasiness in the region of the stomach; pain in the ovarian region, especially so in the left. Pains in the lumbar region; skin dry and hot; bowels constipated, stools dry and hard. No appetite. I prescribed ustilago maidis, third decimal trituration, in two grain powders, three powders to be used each day. This remedy restored her menstruation within two weeks to a normal condition, the cough ceased, no more night sweats, appetite returned with a good digestion, weighs heavier than she ever did, works hard, and says she feels perfectly well, and has been so for the last three years. Now, the question in my mind arose at the time: has this woman blood enough to menstruate, or what caused this suppression? The cause must undoubtedly have been ovarian or uterine.

Mrs. B.; aged thirty-four years; married; has been subject to headache ever since menstruation appeared, at the age of fifteen years; headache, mostly on top of head; appetite poor; pain in left chest with some cough; total suppression of the menses for the last eight months; has had two children, the youngest being ten years of age; severe pain in the back, is unable to ride in a carriage; pain in the uterine region, especially over the ovarian region, mostly on the left side; vomiting of mucus and blood daily; no sleep; some leucorrhœa. She has been under the treatment of Prof. Goodell for some time, without benefit. Menstruation would not appear, and being hysterical, she was in a miserable condition. No displacement of the uterus, but a great deal of congestion in the pelvic region.

I prescribed ustilago maidis, third decimal trituration, in two grain powders, every three hours. The second powder restored the menstrual flow to its normal condition, the other symptoms all abated, and she is in a better condition now than she has been for years. Whenever there is a sign that menstruation will not appear in its regular way, a powder of ustilago will bring it on at once in a painless way.

ACONITE IN KNEE-PAINS.

BY JOHN C. MORGAN, M. D., PHILADELPHIA.

On January 17th, 1884. Mr. A. T., aged thirty years, tall and strong, presented himself with what had been called rheumatism of the left knee. There was no heat, tenderness or swelling in the part: but a constant aching pain through the patella and sides of the joint. worse when at rest, particularly at night: often compelling him to walk about. Has lasted some weeks, and is getting worse. A year ago he had a similar attack, while living in the country, which gave way after a fly-blister.

Prescribed ferrum met., ^{30} night and morning, every second day: sac. lac., on intervening days.

January 25th, no better. Feels very stiff on first moving, rising from seat, etc. *R.* Rhus tox., ^{200} three times daily, two days, then sac. lac.

January 30th. Symptoms the same. Not to change too hastily, gave more sac. lac.

January 31st. Thinks he has taken cold; knee is worse. On this, gave calc. phos., ^{30} every six hours.

February 1st. Still worse; has been going about town all the time. Now, has a slight cough; visited him at home. His mother insisted on auscultation, etc. Found no lung trouble, nor was there any complaint of the chest. I found, however, a slight, but double mitral bellows sound, obstructive and regurgitant; likewise, tenderness and enlargement of liver; and detected a tender spot at the line of the joint, on the *bone*. Gave mercurius vivus, ^{200} four doses in twenty-four hours, and sac. lac. To stay in the house, in a warm room, quietly.

February 2d. Nightly pains, intolerable, from eleven to three o'clock, otherwise, feels a little better. Continued sac. lac., but dissolved aconitum in water, to take, in repeated doses, during the nightly aggravation.

February 3d. Reports that the acon. helped the pains, and that sleep was prolonged. Repeat prescription.

February 4th. The night medicine only appears to have any real control of the symptoms. Pains are severe, tearing along the adductor tendons. Aconitum ^{3x} every four hours, in water.

February 5th. Pains were terrible last night. Diluted the medicine by "fluxion"—*i. e.*, holding it under a hydrant, and allowing it to flow for some time: (believing the aggravation to be an "alternative" drug-effect). To be taken as needed.

February 6th. Much better—had taken the dilution continuously, at short intervals, during pain, which soon subsided—then suspended it. Diluted it again, in the same manner as before; to be taken in the same way.

February 7th. Pains worse; especially when taking the medicine most steadily. Believing he had taken enough of it, and that the reaction of the vital forces could now be trusted to work the cure, gave sac. lac.

February 8th. Judgment confirmed by Nature's supreme court. Almost no pain. Continue sac. lac.

February 9th to 18th. Constant improvement. Now, no pain. The bellows murmurs of the left heart have entirely disappeared.

Some days later, after overtaxing the limb, and exposure, thought he was in danger of a relapse. Gave a few doses of aconitum ^{30x}, which finished the cure.

DISEASE OF SUPRA-RENAL CAPSULES AND PANCREAS.

BY D. COWLEY, M. D., PITTSBURGH.

I have thought it would be of interest to the society to make a report of the following case:

There are several points of interest, probably the most important is the connection between the symptoms during life and what seemed to me the lesion which produced a fatal

issue, viz.: the deterioration or absorption of the supra-renal capsules. I will give the end of the case first, viz.: the post mortem.

February 23d, 1884. Post mortem examination of Capt. A. M.; aged fifty-eight years. Body extremely emaciated in all parts, though there was some fat in the abdominal walls, around the heart and in pelvis of left kidney. Right lung was adherent to the chest in every direction, except about one-fourth of anterior surface. There were an old cavity and some hardened tubercles at apex. The lung tissue of this lung otherwise normal. The whole of the left lung normal in every part. Heart normal. Liver normal. Gall bladder normal, and filled with fluid bile. Pancreas hardened, particularly at the head through which the ductus communis choledochus passed. This hardening of the pancreas—probably from inflammation—was sufficient to cause almost total obliteration of common bile duct, and also of the pancreatic duct, thus interfering with pancreatic digestion, as well as liver digestion.

The supra-renal capsules were entirely absorbed, except a brownish, crumbly mass inside the capsule. The spleen and kidneys were of normal size, but the pelvis of left kidney was filled with fat. All the other organs examined seemed to be normal.

I will now give a short sketch of the symptoms, which may serve to connect them with the results of the post mortem.

July 26th, 1882. Capt. A. M. consulted me for the following symptoms: Torpidity of the the liver, tongue dry, somewhat sore. At times almost unconquerable drowsiness, particularly when sitting down in the evening to read. The sleep does not seem to do him any good, except that he feels a little rested. Very weak mornings, can hardly rouse himself to get dressed. After breakfast he feels a little better, but the spells of prostration come on at any time, rather more frequently however in the afternoon. Appetite lately rather good; bowels costive now, though for some months they were regular. Not as much heart-burn or water-brash as he has frequently had.

For some months previous to the present time he had frequently to rise in the night and throw up bile. He has had piles for years, which frequently bleed a little after a passage; not much pain in the portion of them which is external. Skin and conjunctivæ sometimes yellow. He is subject to naso-pharyngeal catarrh, also to severe headaches, which sometimes last for two or three days.

I will here state that this patient had been suffering with the more acute symptoms of the jaundice, and extreme prostration, for several months before he consulted me.

I gave him nux vom. ^{204}, every night, and nitro-muriatic acid, ^{1} aq. after each meal.

August 10th, 1882. The nitro-muriatic acid seemed to have produced looseness of the bowels for nearly a week. Six or eight yellowish stools a day. Weakness no better: appetite good: mouth and tongue sore: complexion and conjunctivæ yellow. Hydrastis Can., ^{6x}, three or four times a day.

August 18th. No better. Phos.^{0} four times a day. If not better in a few days, to take sulph.^{0} four times a day.

September 5th. No better; attacks of prostration continue, sometimes a sensation of extreme weakness extends from region of stomach into the chest, and going up as in rays, amounting to severe pains, and producing a sensation as though he would die. Can walk hardly a square without this symptom coming on. Cold hands, painfully so in cold weather, so that he is frequently compelled to place them in hot water. Numbness and sensitiveness of the ends of the fingers, particularly of the little finger. Too weak to do anything; falls asleep from sheer exhaustion. Digit ^{2}, ¼ dr., four times a day. Pod. pel. ^{4}, ¼ dr., two or three hours.

October 8th. For numbness of fingers and other symptoms, gave sec. cor. ^{30}, four times a day.

November 16th. Between October 16th and November 16th, he had visited Philadelphia, and for a short time used the compound oxygen treatment, but he became rapidly weaker, and returned home. All symptoms about the same; pulse 84,

about the same as in October; pulse varied very little, was hardly ever quick and not unusually weak; hands more numb and he has less power in them.

November 24th. Pulse 84; skin more yellow; eyes more yellow; nerves of wrists and hands so sensitive he could not wear woolen wristlets, every time the wristlets were moved a thrill went up his arm; when he reads, the rubbing of the newspaper, turning of a leaf, or touching the edge of the paper with his fingers, produces the same sensation.

November 26th. Pulse 88 to 100. Six P. M., symptoms the same.

November 28th. Pulse 82; face puffy, waxy, seems slightly œdematous.

Movement cure, etc. Ars. alb.[204], Bry. alb.[204], aq. 1 h.

From about December 14th, gradually became weaker, until he became unconscious, and though he seemed to recognize persons, yet he said, after he recovered to some extent, that he knew nothing that was going on for more than two weeks. He remembered recognizing one person in that time.

About January 9th, 1883, he seemed to be in a dying condition; urine passed involuntarily; he had aphthæ in throat, etc. From that time he gradually improved, gained the use of his faculties, took food, became able to sit up and finally to walk out. The complexion and conjunctivæ became normal in color, etc., but the attacks of prostration and numbness of the fingers never left, the numbness remaining about the same all through, but the prostration not to so great an extent as in Oct. and Nov., yet very marked, whether he tookexercise or not.

April 10th, 1883. There was some trouble in his home, which interfered with his sleep and worried him a great deal. From this time he gradually became worse; skin and conjunctivæ became yellow; he had *nausea from weakness;* began to lose his desire for food and drink, and for some months lived largely on raw oysters. He could drink only soda, seltzer, or Apollinaris water; common water, or tea or milk, caused nausea; could not use wine. Generally slept well; bowels when not regular, easily moved by an enema of hot water.

CONVALLARIA MAIALIS IN GASTRALGIA.

BY J. K. LEE, M. D., JOHNSTOWN.

March 6th, 1884. Was called to see Mrs. G.; aged thirty-eight. Dark, sallow complexion; spare woman; nervo-bilious temperament. Complains of severe palpitation of heart, feeling as if heart would jump out, accompanied with a feeling of suffocation, could not get her breath with any comfort only by sitting up in bed with chest pressed against knee; some pain and uneasiness or distress in stomach, more especially after eating, a feeling as if she had eaten too much; relieved by eructations; great deal of flatulence, with much rumbling; worse after dinner. Prescribed nux vom. ^{3x}, ten drops in one-half glass of water, a teaspoonful every two hours.

March 7th. No better; had a very bad night. On more thorough examination, found great tenderness of stomach, more especially on the left side; great distress and burning; very thirsty, water does not relieve; some cough, which almost causes her to vomit; after a great effort will bring up a glairy, thick, tenacious fluid, which causes a burning in the œsophagus; a thick, brown coating on the tongue; still belches up great quantities of gas, which does not relieve. *R.* Kali bich. $^{3\,x\,trit.}$ and iris ver. ^{3x}, every two hours in alternation.

March 8th. Some little improvement, but still complains of great distress in stomach and about heart; says she had a very bad night with her heart; the only way she could get any relief was by sitting up in bed with her knee pressed against the stomach; also, by having some one rub the stomach with palm of hand from left to right, which caused eructations of gas; the pain and distress about the heart and stomach was greatly relieved by it. *R.* Convallaria ^{2x}, fifteen drops in a glass of water, a teaspoonful every hour.

March 9th. The patient is much better; had a better night; slept four hours, the most for four nights; she ate a little this morning, which did not distress her. Continued the same medicine every two hours.

March 10th. Much better in respect to stomach and heart: menses made their appearance last night with severe pain in right ovarian region and womb; seems to be in great agony. *R.* Viburn. op. ^{2x} in water, a teaspoonful every hour. Four P. M. Pains in uterus and ovary not so great, but a discharge of black blood, almost as thick as tar, comes away in paroxysms when the pains are much worse. Gave sabina ^{3x} in water, a teaspoonful every hour.

March 11th. Better as to the menses and pains in uterus and ovary; stomach and heart troubled her considerably during the night; seemed almost as bad as at the beginning. Gave conval. ^{2x} and sabina ^{3d} every two hours. Four P. M. Some improvement, except pain in the right ovary. Gave same medicines every two hours.

March 12th, 9 A. M. Stomach and heart better; severe pain and distress in right ovary of a stinging nature, beats and throbs; cannot bear the slightest pressure; pain comes in paroxysms, very severe at times. Gave apis m. ^{30} two hours. Four P. M. Some better; same medicine. Sent for at 9 P. M.; great distress about stomach and heart; sitting up in bed, leaning forward with knees pressed against chest; great beating of carotids, and a feeling as if heart had not room; tenderness in right ovary not so great. Gave conval. ^{2x}, two drops every fifteen minutes for two doses, which seemed to relieve her. Left conval. ^{2x}, to be given every hour for three times, then every two hours.

March 13th, 9 A. M. Some improvement as to stomach and heart; menses a better color; not so much tenderness in right ovary; had a very comfortable night after midnight. Same medicine every two hours.

March 14th. Better in every respect. Same medicine every three hours.

March 15th. Called at 4 A. M. Complains of great distress in stomach and about heart; had a very bad night; was sitting up in bed holding her heart with hand; heart beating very fast; stomach protruded and very much swollen, and

very hard; face pinched and covered with cold perspiration. I gave digitalis with no improvement, but she got worse, and I gave carbo veg. ^{6}, which caused eructations of gas without any apparent relief. At 5 A. M. She says: "I cannot stand this much longer, as the pain is so great, and my heart feels as if it were beating up in my neck." She had also a feeling of faintness; pulse almost imperceptible; commenced rubbing her stomach, with hand from left to right, and gave conval.^{1x}, two drops every ten minutes. After the second dose she got some relief. I put ten drops in a quarter glass of water and gave a teaspoonful every ten minutes for one hour, then every half hour for two doses. At 7 A. M., I left, leaving the same medicine, to be given every hour. Nine A. M. The patient much improved. Continued same medicine every two hours. Four P. M. Much better.

March 16th, 9 A. M. Very great improvement. There is very little distress in the stomach or about the heart. Same medicine every three hours.

March 18th. She is still better, and continued so from that time on under convallaria ^{3x} every three hours. I dismissed her March 21st. She is better in her general health at this writing, September 4th, than for years.

May 3d, 1884. Mrs. D.; aged twenty-eight years; dark, sallow complexion; very nervous, easily excited. She has been complaining a great deal of her stomach, with very much oppression about her heart, and very distressing palpitation, causing a feeling of faintness; worse, especially after eating; the only way she can get relief is by bending over toward the left side, There is some relief after eructations. Her head feels dull; does not feel refreshed in the morning; it hurts her very much in the left hypochondriac and left ovarian region, when walking or drawing a long breath. *℞.* Bry. ^{3x}, four pills every two hours.

May 8th. No improvement as to heart and stomach, but better as to pains in the left side. She has a very distressed look, and says the distress in her stomach causes severe palpi-

tation, more especially after eating; relieved by bending over; severe palpitation at night, which wakes her up; causes shortness of breath, and fullness in the neck; relieved by sitting up and leaning forward. Thinks she will not get well; is very much afraid her heart is affected. On examination, I found no organic disease, but increased action; great tenderness and distention of the stomach. Gave convallaria ^{2x}, four pills every two hours.

May 11th. Reports much better and wants the same medicine. Says she never found any medicine to give her so much relief. Continued the same, four pills every four hours.

This patient had been under old school treatment for enlargement of heart, and had been taking digitalis.

I have had several cases of stomach trouble, that seemed to affect the heart, relieved and cured by convallaria.

The characteristics, as near as I can discover them, are: Feeling of fullness in the stomach with great distress, and a feeling as if the heart had not room, with severe palpitation. Relieved by sitting with knees pressed against heart and stomach; also, by rubbing over stomach and heart with palm of hand, from left to right.

REMARKS ON A CASE OF UNILATERAL ATROPHY OF THE MUSCLES OF MASTICATION.

BY CLARENCE BARTLETT, M. D., PHILADELPHIA.

Eight years ago, Mrs. C., while in church, made an attempt to gape and sing simultaneously. The effort gave rise to a loud (?) crack in the left temporo-maxillary articulation. This caused her considerable alarm, as she believed that she had dislocated her lower jaw. With the exception of an occasional "catching" in the movements of the jaw, no trouble followed this accident until nearly two years had elapsed. Then it was noticed that the left side of the face was growing thinner than the other. This wasting continued for about four years,

when it ceased. During this time, she was frequently annoyed by twitching of muscles on the left side of the face, this twitching often coming so unexpectedly as to cause her to bite her tongue. The principal trouble to which her disorder gives rise, is an occasional "dislocation of the jaw," as she is pleased to term it. While chewing food, she hears a crack in the left temporo-maxillary articulation, and at the same time, the lower jaw become momentarily immovable, the teeth at the minute, being slightly separated.

I made a thorough examination of her case about one month ago. The patient presented a very unusual appearance. The temporal region on the left side and the left cheek were greatly sunken, owing to atrophy of the temporal and masseter muscles. In portions of the temporal fossa, there was apparently no tissue intervening between the skin and the skull. The lateral movements of the lower jaw were apparently perfect. The fauces presented a symmetrical appearance. Sensation over the left side of the face was normal, as was also the sense of taste over the anterior half of the left side of the tongue. Both membrana tympani, were opaque and sunken from chronic aural catarrh. The hearing for both ears was the same, namely, $\frac{20}{60}$. The muscles supplied by the seventh pair of nerves acted normally. The articular surface of the inferior maxilla occupied its natural position. While getting her to compress the teeth firmly against each other, one of the attacks of so-called dislocation came on but disappeared before I had an opportunity of examining the articulation. This could not be made to repeat itself.

The best account of paralysis in the region of distribution of the fifth nerve, is that given by Ross, in his work on the Diseases of the Nervous System: and as it will pave the way for the remarks which I wish to make concerning the above case, better than anything which I may be able to say, I make bold to incorporate it bodily into the present paper.

"Paralysis of the motor branch of the trigeminus is rare from lesion in its extra-cranial course, because the nerve is so

deeply situated and so well protected from injuries and exposure to cold. The most frequent causes of masticatory paralysis are intracranial lesions, which compress the motor branch at the base of the skull, such as periostitis, exostoses, caries, extravasations and tumors of all sorts.

Paralysis of this nerve is also caused by lesions of the pons and upper part of the medulla oblongata, affecting the motor root of the trigeminus.

Symptoms: Where the paralysis is unilateral there is difficulty or impossibility of masticating food on that side, and *the lateral movements towards the sound side are rendered impossible by paralysis of the pterygoids.** During mastication, it may be both seen and felt that the muscles on the affected side do not enter into contraction; while those of the opposite may be seen to swell up and feel rigid at each contraction.

When the affection is bilateral, the patient suffers great fatigue during mastication, and he is forced to eat only fluid and pulpy nourishment; and when the paralysis is complete, the lower jaw falls with its own weight. At times, the jaw may be fixed by secondary contracture of the paralyzed muscles. The muscles may undergo the reaction of degeneration to the galvanic and faradic currents, and the paralysis is frequently associated with atrophy of the muscles.

The tensor veli palati and the tensor tympani, are also involved in the paralysis. Unilateral paralysis of the tensor palati gives rise to elevation of the palate on the paralyzed side, owing to the action of the levator palati."

"Masticatory paralysis is rare as a separate affection. *It is usually associated with anæsthesia of the third division, or of one or more of the other divisions of the trigeminus* and with paralysis of the third and other nerves."

Now, the description of my case fails to coincide with that given by Ross, in the following particulars:

1. The lateral movements of the jaw were unimpaired, therefore the pterygoid muscles must have been unaffected.

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*Italics throughout mine.

2. The fauces presented a symmetrical appearance, therefore the tensor veli palati could not have been paralyzed.

These facts, taken in conjunction with the absence of anæsthesia, give the case its *very unusual* features. Even the supposed cause of the trouble, partial dislocation of the lower jaw, is not deemed worthy of note by any authority writing on the subject.

Now, as to the explanation of the morbid phenomena presented by the case. Evidently the lesion was extra cranial, for only some of the nerve twigs given off by the third division of the fifth pair were involved, namely those giving motor power to the temporal and masseter muscles.

There is a branch of the inferior maxillary nerve, known as the masseteric, "which passes in front of the temporo-maxillary articulation and crosses the sigmoid notch, with the masseteric artery to the masseter muscle, in which it ramifies nearly as far as its anterior border. It occasionally gives a branch to the temporal muscle."*

Sometimes the nerve supplying the temporal muscle is joined to the masseteric branch. In this case, I believe that this anomalous distribution of the nerves must have been presented: that the masseter branch as it passed in front of the articulation, was injured by the periodical sub-luxations of the inferior maxilla; that the late appearance of the paralysis may be explained on the supposition, that at first the displacement was not sufficient to cause any injury to the nerve.

DIABETES MELLITUS.

BY JOHN K. LEE, M. D., JOHNSTOWN.

W. A. F.; residence Philipsburg, Centre County, Penna.: aged thirty years; bilious temperament; first came to my office for treatment July 20th, 1884; complains of passing large quantities of urine; cannot retain it very long; has to get up

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*Gray's Anatomy, Fifth Ed., page 622.

often during the night; great thirst, water does not quench it; tongue dry and parched; feels very weak and easily exhausted; backache; muscles of legs are very sore, more especially between knees and thighs; brain tires from the least mental exertion; appetite very poor; bowels inclined to be costive; urine yellowish; has a sweet smell. The physician at his place says he has diabetes. On examination of urine, I found the specific gravity to be 1048. By liquor potassa and sulphate of copper test there was found to be considerable sugar present. I did not estimate the quantity of sugar in a given amount of urine. I gave phosphoric acid ^{2x}, three drops every three hours.

The rest of the report is by letter, and as he is a very intelligent man, a graduate ot the Pennsylvania University, and has taken a special course in chemistry, I think it can be relied on.

July 26th. He writes that he has made several analyses of urine; since Thursday his condition is not worse than early in the week; is still troubled with much thirst and pains in the loins; drinks four or five glasses of buttermilk per day, and finds it agrees with him. The specific gravity of urine taken every morning is as follows:

July 19th,	1034.	July 24th,	1050.
" 20th,	1042.	" 25th,	1048.
" 21st,	1042.	" 26th,	1047.5.
" 22d,	1047.	" 27th,	1049.
" 23d,	1048.		

The amount of urine secreted in each twenty-fours hours averages 120 fluid ounces.

Sugar, per twenty-four hours, 4,354 grains. The amount of sugar was determined from urine of specific gravity 1042 and 1048. Since yesterday afternoon (July 25th) he has felt much brighter, although he passed a restless night (last night, July 25th); is weak and does not feel disposed to do anything.

July 27th. The amount of grape sugar in urine of July 25th was determined this morning and was found to be 3,840

grains for the twenty-four hours. Still tormented by much thirst, pains in back and legs; bowels moved daily, but constipated. Since confining himself to gluten mush as his principal article of food, he thinks a tendency exists to relieve constipation. I sent arsenicum album 6th, three drops every three hours.

I append a daily statement of the case from July 27th to 30th inclusive, as sent to me: Total quantity of urine in twenty-four hours, 120 fluid ounces; color, bright amber, very clear; odor, fruity and sweet; reaction, feebly acid; specific gravity, 1049; specific gravity after fermentation, 1020.–029; sugar in twenty-four hours, 3,480 grains; general appearance of urine, very clear, but soon after being voided there is a slight flocculent precipitate floating in it, which does not subside readily; after standing twelve hours or more, in addition to above flocculent precipitate, a fine granular precipitate forms, adhering to the bottom and sides of the glass, white in color, not soluble in water.

July 28th. Same as above in all particulars, except that total quantity of urine voided in the twenty-four hours is 104 ounces; specific gravity, 1050; after fermentation, specific gravity 1022.—028; sugar in twenty-four hours, 2,924 grains; phosphates not determined, but present in large quantities.

July 29. Same as as preceding, with exception that total quantity of urine voided in twenty-four hours is 120 ounces; specific gravity, 1050; specific gravity after fermentation, 1020–030; sugar in twenty-four hours, 3,600 grains; phosphates increasing.

July 30th. Feeling very sore in small of back, and legs ache and feel heavy when he walks; still constipated, but not very much so; hæmorrhoids have bothered him for two days; specific gravity of urine, 1043. He does not state the quantity passed in twenty-four hours, nor the amount of sugar. The percentage of phosphates is still large, probably increasing. A qualitative examination showed a very large precipitate of phosphate of iron, using a test of acetate of soda and acetic acid.

I think the phosphates he writes of and the fine granular precipitate of white color adhering to the sides of vessel are not phosphates. Although his urine has an acid reaction there may be slight traces of albumen or very much of it, or an excess of urates, as he has not tested for albumen, nor sent me any urine since July 20th.

The next I hear from this patient is from Atlantic City, N. J., dated August 4th. He left his home July 31st. Since his leaving home the specific gravity of his urine has steadily decreased until this morning, August 4th, when he states the specific gravity to be 1026; sugar, per twenty-four hours, 220 grains; the quantity of urine voided during twenty four hours, 38 ounces. The legs have lost their heavy feeling and the pains in the back have disappeared. He bathes and takes moderate exercise daily. Previous to leaving Atlantic City for home, he underwent a thorough pounding, kneading, etc., from the hands of Dr. Bartholow. After completion of the examination the doctor declared that he must have suffered from a malarial attack within a few years, and pronounced the form of his disease as hepatic. This cannot be so, as I have known him for several years and had been his family physician until he moved to Philipsburg in the fall of 1883. He never had an attack of malaria or its allied diseases.

He writes again on August 13th. Returned to his home August 9th. At time of leaving Atlantic City the specific gravity of urine was 1016; no sugar present. Upon his arrival home he began eating bread and mush, made from gluten flour manufactured by the Health Food Company, of New York, said to be free from starch, and especially recommended in diabetic diet. I had written him in July not to use the gluten flour, as I thought it was not good for him, and my judgment was correct, as shown by the following report:

August 7th. Specific gravity, 1016; no sugar present.

August 8th. Specific gravity, 1016; no sugar present.

August 9th. Specific gravity, 1032; sugar 672 grains. Quantity of urine voided in twenty-four hours, 56 ounces.

He began to use the gluten flour for dinner August 9th as above, the specific gravity shows 1032, and sugar 672 grains, while before using it was 1016, and no sugar. August 10th, urine voided in twenty-four hours 80 ounces; specific gravity, 1038; sugar, 960 grains.

August 11th. Urine voided in twenty-four hours, 120 ounces; specific gravity, 1042; sugar, 2640 grains.

August 12th. Quantity of urine passed in twenty-four hours, 112 ounces; specific gravity, 1042; sugar, 2688 grains.

August 13th. Specific gravity, 1040; does not give quantity of urine nor amount of sugar. Has been taking phos. soda and arsenic in hot water before meals, five grain doses and quinia sulph. after meals. Since August 8th has been taking the above prescription from Dr. B. As has been noted, the quantity of urine and the specific gravity had steadily decreased from July 27th to time of commencing Dr. B.'s medicine, when the quantity of urine and specific gravity increased. The question arises, had he let the gluten flour alone, and staid at Atlantic City a while longer, might he not have been better?

I have not heard anything from him since August 13th.

INTERMITTENT AND REMITTENT FEVERS.

BY THE HAHNEMANNIAN MEDICAL SOCIETY OF READING.

History. As these fevers are the sequence of the contamination of the atmosphere with a subtile emanation, supposed to arise from decaying animal and vegetable matter, and, as dissolution and decomposition of organized entities must have existed since man has occupied a place on this globe, it is fair to suppose that he, in certain localities, has been cognizant of the misery attending these fevers ever since his creation. Their history extends back to the remotest period of medical science. A great many of the ancient physicians make mention of the varieties of intermittent fever; remittent

fever, without doubt, existed at the same time, but on account of their seeming dissimilarity, the ancients appear to have overlooked their identity.

Empedocles of Agrigentum was born 504 years before the Christian era. He is said to have been worshiped as a beneficent deity, because he delivered the city of Selinus, a town of Sicily, of a pestilential disease owing to the emanations from the stagnant and impure waters of a neighboring river. Empedocles removed the cause by conducting a stream of pure water into the marsh, thus emptying it of its stagnant water. Although the pestilential disease is not described, yet considering the climate of Sicily, the cause of the disease and the method adopted for its removal, we may be justified in taking it to have been an outbreak of pernicious intermittent and severe remittent fever.

Protagoras, born about 480 B. C., was acquainted with pernicious intermittents, and speaks of many cases as having terminated fatally; he was also aware that tetanus sometimes complicates intermittent fever.

Praxagoras, one of the immediate successors of Hippocrates, was the first anatomist to establish a distinction between the arteries and veins. He supposed that intermittent fevers arose in the vena cava, probably, as Dr. Dunglison thinks, because the rigors commonly commenced along the spine where that vein is situated.

Celsus, the "Roman Hippocrates," flourished during the reign of Augustus Cæsar. He made a distinction between the quotidian, tertian and quartan forms of intermittents, and speaks of the possibility of a longer intermission. This gentleman, as well as Hippocrates, believed in the *salutiferous* effects of ague.

Lucretius, born 95 B. C., believed that a living germ or micro-organism was the cause of these fevers.

Asclepiades, born about 90 B. C., gives us his pathology of intermittent fevers. His leading doctrine was, that all disease arose from an inharmonious distribution of the small

formless corpuscles of which the body was composed. Inflammatory fevers were owing to "obstruction either from the magnitude, figure, multitude, or rapid motion of these corpuscles." In his opinion, "quotidians were owing to obstructions of the larger particles, tertians of the less and quartans of the least."

Archigenes, who lived between the years 81—117 A. D., is said to have been the first to recognize the complex nature of the *hemitritæa* as consisting of a tertian and quotidian combined. He also speaks of an intermittent dysentery and diabetes as masked intermittents.

Galen, a Grecian, born 132 A. D., the renowned pathologist whose teachings were implicitly followed for sixteen hundred years, gives us his theory of the pathology of intermittents; "the quotidian form of the fever he attributes to derangement of the phlegm, the tertian to that of the bile, and the quartan to the putrescence of atrabile or black bile; this latter humor he conceives more difficult to put in motion, and requiring the longest time for the production of the paroxysms."

Sextus Placitus Papiensis mentions a novel remedy for the cure of the quartan form of the fever, namely, the heart of a hare to be placed on the neck.

Rhazes, the Arabian physician, flourished about the 900th year Anno Domini. He described the subintrant form of intermittent fever.

Eben Sina describes that rare form in which the paroxysms assume the sextan and septiman type.

Valescus refers to a fever recurring every thirtieth day.

Pliny, the naturalist, informs us that a certain improvisatore was in the habit of having a paroxysm once a year: it came exactly on his birthday, but it did not affect his longevity, as he died at a good old age.

Dromedes Cornarus was the first to notice combinations of intermittent fever and dysentery, or rather the intermittent type of dysentery.

The great original work on the subject was published in 1695 by Lancisi, an Italian physician. He was the first to state

a belief in a material substance in an aeriform or a gaseous condition as its cause; he also pointed out the conditions necessary for its production. A few years before the appearance of the work of Lancisi, 1639, A. D., a new remedy for these fevers was brought to Europe from America, which, after being subjected to the usual amount of abuse that all innovations must endure, finally came to be acknowledged the only remedy for paludal fevers, a distinction it still enjoys among the old school practitioners.

Physicians, being armed with the knowledge of the production and propagation of the miasm, with the conditions necessary for its destruction, and a very potent remedy for its effects on the human frame, now made rapid strides in gaining more complete information of these fevers. Innumerable writers in all parts of the world contributed their observations to the general fund of knowledge concerning them until, at the present day, there is no class of fevers whose natural history is better understood.

Ætiology. In the discussion of the ætiological relations of these fevers we are met at the outset with great difficulty. Nothing is positively known concerning the nature of the morbific agency or agencies at work in their production.

Here doubt and uncertainty occupy the field, and all is relegated to the sphere of hypothesis.

Of the conditions however, under which intermittent and remittent fevers are developed, we have more definite knowledge.

These conditions relate chiefly to soil, climate, and topography.

The presence in the soil of organic matter in a state of decomposition, seems essential to the evolution of an entity of some kind, whatever that may be, capable of producing the disease forms under consideration.

All influences, therefore, that favor organic decomposition become essential factors in their development.

Hence, a certain degree and persistence of heat, the presence of moisture, and free access of air are necessary to

render a soil, containing organic material, a productive source of these fevers.

While it is a well established fact that, in the vast majority of the so called "malarial" areas, the soil is peculiarly rich in organic matter, it is equally well known that there are also regions, noted for the prevalence of these diseases, in which the soil is by no means abundantly supplied with organic matter. It has not been shown however that soils entirely free from organic matter, soils consisting of pure sand, clay or gravel, under the influences mentioned have, at any time, become sources of these fevers.

Very much seems to depend on the physical condition of the soil, and for plainly apprehended reasons. An impervious subsoil, preventing, as it does, that natural drainage so important to the maintenance of the normal amount of moisture essential to what might not inappropriately be called a salubrious soil, is an important factor.

This condition, both by favoring the decomposition of the organic constituents of the soil, and by preventing the removal of the products of decomposition, it is easy to conceive, may render a soil, otherwise incapable of becoming a source of "malaria," a very dangerous "plague spot."

If in connection with the impervious nature of the subsoil just stated, the condition of the surface is such as to readily admit the air, in other words, if the surface soil is quite porous, the danger of the development and exhalation of malaria is very much increased. That ground air is quite as essential a factor in the evolution of malaria as ground water, is shown by the fact that a loose, porous surface soil is apt to give off malaria more abundantly than an impervious surface soil, although the other conditions in the latter are more favorable to its production.

It is a matter of frequent observation, that certain sections of country previously wholly free from these fevers, become centres of malaria in consequence of the disturbance of the soil in digging canals or grading railroads.

During the time of the digging of the canal of the Schuylkill Navigation Company, some years ago, these fevers became quite prevalent along the entire course of this much coveted artery of trade and transportation, although prior to that time comparatively free from malarial diseases. Marshes, though noted for the quality of generating malaria, are not necessarily sources of this poison. If more or less completely covered with water during the greater portion of the year, they are usually innocuous. This fact may be accounted for by supposing that the overlying stratum of water prevents the access of air to the submerged soil.

An abundant growth of vegetation on a soil furnishing the other conditions for the evolution of malaria, in great measure, acts as a preventive of these fevers, partly, perhaps, by lowering the temperature of the soil, partly, and perhaps chiefly in consequence of the absorption and appropriation by the growing plants and trees of the decomposing organic materials, that would otherwise become sources of malarial infection.

From the foregoing statement of the conditions of soil favorable to the production of malaria, we can readily understand that, although marshes and lowlands are among the most fruitful sources of these fevers, the conditions of their development may and often do exist on elevated plains and high mountains. That temperature very greatly promotes the development of malaria, is known from the fact that in low latitudes these diseases are very common, while they become less frequent as we reach higher latitudes. Currents of air seem to be carriers of malaria. Regions, themselves free from the conditions governing the evolution of this poison, but in proximity to malarial areas, are in consequence often theatres for the display of malarial diseases, but the interposition of mountains or forests generally constitutes a complete protection, by breaking and diverting the air currents.

The essential nature of the morbific agency concerned in the production of these fevers, has been, for a long time, a

subject in dispute among medical men. Various theories, more or less plausible, have from time to time been presented, but none have as yet, met with universal acceptance by the profession.

We shall not attempt a review of these various theories. It may be proper however to refer to the recent investigations in this direction by Professors Tommasi Crudeli of Rome and Klebs of Prague.

Without attempting to fully describe their method of research, it may be stated that a very carefully conducted microscopical examination of the lower strata of air in the Argo Romano, a very malarious district, as also the soil and stagnant waters therein, revealed to these gentlemen, "a microscopic fungus," consisting of numerous movable shining spores, of a longish oval shape, and nine micromillimetres in diameter. This fungus was afterward artificially generated in various kinds of soil: the fluid matter thus obtained, was filtered and repeatedly washed, and the residuum left after filtration, was introduced under the skin of healthy dogs. The same thing was done with the microscopical particles, obtained by washing large quantities of the surface soil. All the animals experimented upon had the fever with the regular typical course.—(Quain's Dictionary of Medicine).

The animals thus affected had enlarged spleens, and upon post-mortem examination this organ was found to contain a large quantity of the characteristic form of fungus.

Other observers, among them Dr. Valenti of Rome, claim to have found this bacillus malariæl in human patients in a more advanced stage than the animals experimented on by Drs. Crudeli and Klebs. Whether or not the results of these investigators shall be confirmed by others, pursuing their investigations on the subject in malarious districts elsewhere, remains to be seen.

May we hope that this mystery concerning the nature of the morbific agency of malarial fevers shall soon vanish, through the persistent researches of these and other indefatigable laborers in this field of science.

Morbid Anatomy. Up to the present time comparatively little is known by pathologists as to the morbid anatomical changes which take place within the body, as the result of these malarial diseases. The most important change consists in the abundant destruction of the red corpuscles of the blood, and the presence of black pigment, which is evidently derived from the coloring matter of the disintegrated blood corpuscles. In very severe cases the blood changes are more intense, and consist of anæmia, diminution of albumen, and pigment is found in greater quantity. It is also found in the liver, spleen, walls of the stomach, and sometimes in the brain. Spleen and liver are enlarged and tender. In chronic cases we find a constant hyperæmia and enlargement of these organs, with great swelling and even amyloid degeneration. The spleen has commonly a dull dark bluish color, due to deposits of black pigment. The kidneys often show the same hyperæmic degeneration and amyloid condition, after full development of the malarial cachexia. In severe cases, melanæmia may result, with the accompanying dirty-brown or yellow-gray coloring of the skin. There is likewise an inflammatory condition of the mucous membrane of the stomach and intestines; it becomes soft and interferes with digestion and assimilation. Urine is scanty, dark, and of high specific gravity. The muscular system undergoes various changes, but the most important and most serious changes are those of the heart, and they often result fatally.

Besides these anatomical changes, we may have as complications, congestion of the brain, jaundice, hæmorrhages, dropsy and albuminuria. The heart in acute cases is found to be pale and flaccid, sometimes presents evidence of fatty degeneration. The lungs too may present evidences of congestion. Patients suffering from the pernicious forms of these fevers, are afterwards very liable to have pneumonia involving both lungs, and of a very dangerous character: particularly in persons returning from hot malarial districts to colder climates.

Course and Duration. The time of incubation is indefinite. In some instances the poison appears to manifest itself immedi-

ately, in others, it loiters for a number of days, or even weeks or months. However, the invasion is usually indicated by a greater or less indisposition. General malaise and disturbance of various functions, notably so in the secretion of urine. The paroxysms consist of three distinct stages. The cool, hot and the sweating; ordinarily as the COLD STAGE approaches the patient is fidgety, restless, he begins to yawn and stretch, with a sensation of quivering, may observe the coldness in some particular portion of body first, as feet, hands, or up the back, but usually the coldness comes on by almost insensible degrees; if chill is severe, teeth may chatter, and eventually the whole frame shivers, or shakes. The skin may look purplish in consequence of venous congestion, often pains in back, headache, thirst, feeling of weight in epigastrium, dyspnœa, etc., etc.

The internal temperature increases from one to four degrees during the cold stage. The intensity varies very greatly, its duration ranges from a few minutes to three, four, or five hours, or longer.

HOT STAGE—Change from cold to hot stage may be udden, but it usually creeps on gradually; there are alternately flushings and chilliness, the heat increasing until the whole body is hot, dry and burning, face flushed, eyes injected and sparkling, intense thirst, and dryness of mouth, frequently nausea and vomiting, respiration is hurried, headache always present, with a sense of throbbing and ofttimes delirium.

Temperature rises to 103°—105°, and very frequently to 107°—108° or higher.

The heat usually lasts from a few to eight, twelve or even eighteen hours.

THE THIRD OR SWEATING STAGE now follows, which very greatly relieves all symptoms, perspiration generally appearing on the forehead first, and then extending over the entire body. It varies in amount, but usually sufficient to saturate the clothing, and having a very offensive odor; it continues from one to five hours, during which the fever gradually

abates and the patient rapidly improves. During the cold and hot stages the urine is very profuse, but diminishes at the close of the latter, and is very deficient while sweating. The apyrexia or intermission now follows, during which the patient at first feels quite convalescent, temperature being normal; soon, however, he complains of languor and depression, loss of appetite, he becomes pale and anæmic, and eventually permanent organic changes occur, especially in the spleen. The intermission is of variable duration; and the second paroxysm may set in twenty-four hours after the beginning of the first, when it is called a daily or quotidian type, or if forty-eight hours elapse it is called a tertian fever; and if seventy-two hours intervene a quartan fever — the quotidian and tertian are the most frequently met with. At times the paroxysms have no regularity, setting in each time earlier (anticipating) or later (postponing), and in such cases the original type may change into another.

Remittent fever changes at certain intervals during the day, which remissions usually occur in the morning, lasting from six to fourteen hours, and then followed generally by an increased fever, continued for some hours.

There is never a complete cessation of the fever, as is the case in intermittent—simply an abatement or diminution.

These fevers have no definite duration. There may be but a single paroxysm, or they may last for months.

We may justly claim, however, that under homœopathic treatment the course of the disease is not only less tedious as a rule than under the routine treatment of the old school, but that there is far less liability to a return.

Diagnosis. The characteristic symptoms or conditions of all malarial diseases, and notably of intermittent fevers is periodicity. And this characteristic may be put down as the first factor in the make-up of a diagnosis in these cases. Aitkens gives the following definition of intermittent fever: "Febrile phenomena occurring in paroxyms, and observing a regular succession characterized by unnatural cutaneous dis-

charge, which prove a temporary crisis, and usher in a remission. These phenomena are developed in an uninterrupted series, or succession, more or less regular, which pass into each other by insensible steps."

Diagnosis of an ordinary and regular intermittent is easy. Leaving the other malarial fevers out of consideration, only two morbid states present recurring rigors and febrile excitement, and are therefore apt to be confounded with it: hectic fever and chills attending upon suppuration in deep-seated parts. Hectic fever differs in this from an intermittent: it is simply a fever of irritation, the cause of which a careful scrutiny will generally detect. We find it accompanying many chronic diseases in which destruction of tissue occurs, especially phthisis; and the chronic affection has its own signs, which exist at all times, whether the symptomatic fever be present or not. Then its outbreaks are irregular; several often take place within twenty-four hours; their intermissions are incomplete; the temperature does not fall as in intermittent fever, for there is not complete defervescence; and although the paroxysms may begin with chilliness, they are not ushered in by a well defined rigor, and are generally morning paroxysms.

When pus forms, and especially when it forms in internal cavities, it betrays its presence by rigors, followed by more or less fever. But these, unlike the chills of ague, do not repeat themselves at definite periods. Moreover, in the midst of the apparent intermission, febrile signs or other manifestations of a seriously disordered system may be discovered. The chills of ordinary pyæmia are distinguished by the same phenomena; then the rigors, unlike the malarial malady, are often characterized by profuse sweating, which immediately follows them, rather than an active development of the fever. An affection which, on account of the chill, succeeded by fever, might be mistaken for the malarial disorder is the curious so-called urethral fever, which sometimes arises after the passage of a bougie, and which may even terminate in death. Our knowledge of the introduction of the instrument, and the non-recur-

rence at a fixed time of the rigor and febrile phenomena, furnish the points in distinction.

In the puerperal state a malarial outbreak may happen, which, as Fordyce Barker has recently pointed out, may be mistaken for puerperal fever. Unlike the latter, however, the *puerperal malarial* fever is attended with pain in the head, back and limbs, and does not generally appear so soon after parturition, not therefore between the first and fifth days after delivery. Moreover, it has at the beginning a great rise of temperature, and marked remissions or intermissions.

As intermittency is characteristic and diagnostic of intermittent fevers, so *remittency* is characteristic and diagnostic of malarial remittent fever.

"Remittent fever is easily recognized: the rise and fall of its febrile signs are too striking to escape observation. Its characteristic traits are more closely allied to those of intermittent fever than those of any other disorder. But there are these points of contrast: in intermittent fever, each paroxysm begins with a chill, which is not the case in remittent fever; for after the first paroxysm there is rarely a marked chill, and even the chill ushering in the disease is usually not violent. After each febrile exacerbation comes an abatement, not an intermission, for the thermometer shows that the fever does not wholly leave; the tongue remains coated, and the gastric derangement does not entirely cease; the patient is not well, as after a fit of ague. The symptoms grow and decline; they do not appear and disappear." As there are many appearances of jaundice with cases of bilious remittent fever, the disease may be mistaken for acute congestion of the liver. But here the exacerbation and remissions serve as a guide to clear up the case; and so, too, in separating the gastric complications of bilious remittent fever from acute gastric inflammation. The severe headache is also a distinctive feature of value, and the herpes labialis, which is a not uncommon symptom. There is little danger of mistaking remittent fever for typhoid, for in remittents we find no diarrhœa, no eruption, no

specific intestinal lesions of Peyer's glands, and, above all, no characteristic thermometrical showing as in typhoid, of a regular evening rise and as regularly a morning fall of temperature, while in typhoid there is no marked periodicity and no marked daily remission. It not unfrequently happens, however, that after a remittent fever has been protracted beyond the usual week or two, certain symptoms are developed, such as great weakness, jerking of the tendons, picking at the bed clothes, dark, dry tongue, aad weak pulse, perhaps diarrhœa, the remissions having in the meanwhile become less marked, and the fever manifests a strong tendency to change into a continued form, and the whole appearance of the malady is that of typhoid fever. Hence it is often asserted that remittent fever changes into typhoid fever. But such a case is not in reality a true specific typhoid fever, with its specific lesions, but rather a typhoid condition engrafted in a remittent fever.

During the exacerbations of remittent fever the cerebral symptoms are sometimes almost identical with those of idiopathic inflammation of the brain. There is severe headache, with violent beating of the arteries of the neck and face, a wild eye, intolerance of light, and even delirium. Were the patient now seen for the first time, he would be at once pronounced to be laboring under acute meningitis. But the setting in of the period of remission, with a mitigating of the severity of all the symptoms, and the cessation of nearly all the cerebral symptoms, until the return of the next period of exacerbation, clears up all doubts and makes the diagnosis clear. The history of such a case would prevent the making of such a mistake, even at the first visit.

Prognosis. In general the prognosis of intermittent fevers, so far as life and death are concerned, is favorable. It is quite unusual for simple, uncomplicated intermittent fever to directly destroy life; but those forms, known as pernicious or congestive varieties, whether of the comatose or algid forms, very often prove fatal. From the statistics of the Surgeon General's office there occurred during the first two years of the war of

the rebellion, 262,807 cases of intermittent fever, with 1,780 deaths. A large proportion of the fatal cases were of the congestive or pernicious forms. As regards curability of intermittent fevers the general prognosis is very favorable, but in certain climates and seasons, and under certain circumstances, there is a strong tendency to obstinate protraction. In making a prognosis in a given case, a number of points require to be taken into consideration: the season, the fall being the most unfavorable; the type, the quartan being usually the most obstinate; the history of the case, as to duration of the case; the treatment of the case, for there is apt to be overdrugging with quinia, in most cases of long continuance (not always directed by a physician), which is apt to complicate the case by adding quinine cachexia to the already sufficiently active and pernicious effects of malaria; the individuality of the patient, or his physiologico-pathological peculiarities, which is possibly what Hahnemann meant by psora, and which is often a very important factor in selecting a remedy for the patient, and as well in making up a prognosis, and finally, the ability to apply proper treatment to the case. The prognosis of intermittent fever, per se, may be favorable, yet the serious complications, that may arise during or after an attack, may cause a very grave prognosis, and these must be taken in account, in summing up, as to results in a given case.

The prognosis of remittent fever is almost universally favorable. But there are pernicious, malignant, and congestive forms of the disease, as well as of intermittents, and, of course, in these dread varieties the prognosis is not nearly so favorable. The simpler forms of remittents, however, we usually find happily yielding to treatment within one or two weeks, and, in fact, the consequences of remittent fevers are more to be dreaded than the disease itself. We have as sequelæ of this disorder, obstinate intermittents, organic changes in the liver and spleen, dropsy, protracted and pernicious anæmia, chronic headache, and impaired activity of both

body and mind. In protracted, wrongly treated, or neglected, cases of remittent and other malarial fevers, there is often what is termed the malaria cachexia, also a very decided alteration in the quality and consistence of the blood, which is of itself, probably, due to the pathological changes in the spleen; so that with such a serious affection of this vital fluid, and the impairment of such important organs as the liver and the spleen, it will be readily understood that a very decided loss of health may occur as a consequence of remittent fever.

Treatment. In the treatment of malarial fevers, there is, in the old school practice, apparently greater unanimity than in the treatment of any other disease. In illustration of this remark we may cite the following circumstance: Recently a distinguished professor from one of the medical colleges of Philadelphia (allopathic) visited the city of Reading by invitation to deliver an essay upon typho-malarial fever, in presence of all the physicians of the county who could make it convenient to attend. It was an able, well-digested paper, listened to by a large number of the medical fraternity, and was followed by a discussion, in which the professor and a number of those present took part. To a homœopathic listener it was particularly noticeable that both in the essay and the discussion, the only remedy referred to as of any efficacy in this disease was quinine. This treatment accords strictly with the recommendations laid down in most, if not all, the standard authorities of the old school. Unfortunately there are honest, conscientious homœopathic physicians in considerable number, who are ready to join hands with these old school brethren in declaring that in the treatment of intermittent and remittent fevers, quinine is the sovereign and almost the only remedy, and that Hahnemann's methods, though generally applicable to other diseases, must be discarded here as of little or no efficacy. Our condemnation of this view may be offered as an apology for the presentation of this paper. When malarial fevers prevail in any particular district, it is

highly important that prophylactic measures should not be neglected. Where people inhabit lands that are low, flat and marshy, there is abundant explanation why they should have an annual visitation of this dreaded epidemic. But the disease frequently manifests itself in cities and towns most favorably situated for pure air, good water and healthful surroundings. Here explanation must be sought in defective sanitary regulations of some sort. Surface drainage with filthy gutters, ponds of stagnant water covered with green scum, privy wells that are shallow and overflowing, narrow back alleys filled with decaying vegetable and animal matter, pig-pens in back yards, and withal filthy households in filthy homes all tend to vitiate the atmosphere and load it with a malaria-producing poison, and it matters not for our present purpose whether it be regarded as gaseous, or composed of organized living forms termed micro-organisms or "germs." All these evils are found in certain cities that even have boards of health and are supposed to be well governed. The first duty here is evidently to abate these nuisances, and to endeavor to institute systematic public and private hygiene and sanitary reform. As further prophylactic measures there should be enjoined the utmost personal cleanliness, systematic bathing, a regular and wholesome diet, the avoidance of all excesses, bodily or mental, and a due attention to clothing; and thus the susceptibility to this disease will be greatly diminished.

The homœopathic treatment of intermittent and remittent fevers does not differ in principle nor results from the treatment of any other curable disease. There may be honest differences of opinion as to the potencies to be employed, but it is a travesty upon homœopathy to say that amongst true followers of Hahnemann there can be differences as to the applicability of the homœopathic law of cure. Let those speak who have been able to withstand the temptation of routine practice, and have given the matter a fair and impartial test. Our medical literature is full of testimonies from minds most gifted and most highly honored in the profession,

not only as to the efficacy of potentized remedies in these diseases, but of remedies usually classed amongst the high potencies. The necessity for brevity forbids a detailed recital of these proofs, but the writer hereof desires to add his testimony that in no disease have the higher potencies, generally the two hundredth, yielded more satisfactory results; and he has for some years employed them almost exclusively in the treatment of these fevers. The question of potencies, however, should be left to individual conscience and to individual experience, while conformity to the law of similia is imperative.

The indicated remedy should be administered only during the apyrexia, at intervals of two or three hours. During the paroxysm, there appears to be no valid reason why any specially indicated remedy should not be given as an intercurrent, such as belladonna, veratum viride, aconite, etc., as they do in our judgment modify oftentimes the severity of the attack. Occasional sponging off of the body with cold or lukewarm water, during both the fever and the sweat, often has a soothing effect upon the patient, and possibly a modifying effect upon the paroxysm, and may, therefore, be advantageously employed in severe cases. The external application of heat is also highly recommended as comforting to the patient. The heat is applied in the form of hot foot-baths, or by means of bottles or rubber bags filled with hot water. A mode of treatment the very opposite of this has the sanction of the highest authorities in our own country and abroad. It consists in the use of cold water in the form of a bath or douche. Some recommend a cold bath an hour or two before the expected chill as an abortive measure. Others favor the cold bath, wet packs, etc., during the febrile stage in order to modify this stage of the paroxysm. Backed up by numerous authorities, we may venture the assertion that a cold wet pack, judiciously given, will in many cases produce a reaction that will prevent a recurrence of the paroxysm. This method of treatment is especially useful in the pernicious forms of malarial fevers.

Where there is a low state of the system cold water would seem to be contraindicated. In this case, a cup of black coffee given by enema where the stomach is too irritable to retain it, may be resorted to with advantage.

It is not proposed here to give an extended list of remedies that may be needed in the treatment of these fevers, but only name a few that have been most frequently called for in our practice. Each individual case must be studied by itself, and, by the aid of such excellent works as H. C. Allen on Intermittent Fever, Wm. A. Allen's Repertory to the Symptoms of Intermittent Fever, Lilienthal's Therapeutics, Raue's Pathology, and others, the student will generally have little difficulty in arriving at the similimum of his case. We then name here only a few of the remedies that have been most generally used in our practice with some of the leading indications, as follows:

Ars. Is one of the most important remedies in intermittent fevers, especially if the different stages are not definitely marked. Cold alternately with heat, or a sensation as if the blood was boiling hot coursing through the veins, great restlessness; excessive thirst, drinks constantly, but a little at a time, marked prostration of strength, nausea and vomiting, burning pain in the stomach, insupportable pains all over the body, especially in the limbs. Often a sallow appearance of skin. All the symptoms and aches are aggravated during a paroxysm, periodic, every other or third day, about five o'clock or toward evening; return annually; chill ameliorated by external warmth.

Nux vom. The different stages may not be definitely marked, yet they may be severely so, generally in the forenoon or morning; internal chilliness, with heat externally or internal cold with only a part of the body externally hot, face, head or abdomen; desire to be covered, through chill and heat the slighest motion makes them chilly. Great prostration, cramps in the limbs, headache, giddiness, want of appetite, bitter eructations, constipation, abdomen bloated, tension or

stitching pain in the abdomen, numbness in the limbs, blueness of the skin, shooting pain in the abdomen, aching in the back and limbs, stretching and yawning before the paroxysm.

Ipec. Alone is often sufficient to effect a cure. The paroxysms come on in the forenoon, stretching before the chill, severe chill with little heat or vice versa, blue skin, oppression on the chest, nausea, vomiting, dry tongue, yet little thirst, sensation of relaxation of the stomach, nausea and vomiting persist through all the stages.

Puls. Is indicated under similar symptoms as ipec., excepting the paroxysms come in the evenings, and the slightest attack of indigestion brings on a relapse.

Merc. Paroxysms come on at night, excessive sweats of an offensive or sour smell, sore mouth or ulcers on the tongue, profuse saliva.

Eupato. perf. Paroxysms in the morning, thirst before chill, and yet when water is taken it causes vomiting, severe pain in the bones before the chill, and may last during the different stages; the chill may be hastened by taking a drink of cold water; there may be vomiting with great prostration; bitter vomiting between chill and fever.

Ceanothus virg. Chill at 9 A. M., yet it may come two or three times a day at different hours besides; after chill, fever then sweating, between the chill and fever a fainting spell or an unconscious state for a short time, severe headache, bruised pain over the whole body, particularly severe in the lower limbs, from knees down, small of the back, right and left hypochondriac regions so sensitive that that those parts can hardly be touched, vomiting of bile, loss of appetite, prostration, giddiness, weakness of sight, thirst, enlargement of liver and spleen, with great sensitiveness to touch externally. This remedy was prescribed in the tincture, one drop every two hours in water.

Natrum mur. Chill 10 to 11 A. M., with thirst and intense hammering headache, which continue through all the stages. The chill is long and severe, with blue lips and nails.

The fever is excessive and the sweat profuse. Hydroa on the lips is a characteristic indication. There may be persistent vomiting. During apyrexia, stitches in the liver, great languor, emaciation, sallow complexion, with loss of appetite, especially useful after abuse of quinine.

Belladonna. Congestive chill spreading from both arms over the body, red face, dilated pupils, sensitive to light, bursting frontal headache aggravated by noise. The fever is intense with distension of veins, with continued headache, delirium, sweating only on covered parts.

Chininum sulfuricum. Although not generally prescribed in the high attenuations, there is high authority for saying that it acts promptly and well. The leading symptoms are clear intermissions, regular paroxysms, clean or tolerably clean tongue, profuse sweats, spine painful on pressure in all stages of the paroxysm.

Ignatia. Chill with thirst. The coldness is relieved by external warmth. Heat without thirst, external heat and redness without internal heat, sweat without thirst.

Diet.—No inflexible rule in diet can be laid down from which patients may not deviate in these fevers. In general, we may say that where the stomach is not irritable, any easily digested food may be allowed, the patient being governed, as to quality and quantity, by a modicum of common sense. Where there is gastric irritability liquid food only should be allowed, such as beef tea, chicken broth, egg-nog, and especially milk or cream. Light farinaceous food is advisable in any case where the patient can take it. As there is generally more or less thirst, pure water may be taken, or, if agreeable to the patient, slightly acidulated drinks, such as lemonade, tamarind water, etc., or even a cup of strong coffee at long intervals. We may lay down as a maxim, *little or no appetite, little food*, as harm often results from forcing food upon a patient for the mere purpose of "keeping up his strength."

RECTAL ALIMENTATION.

BY THE ALLEGHENY COUNTY SOCIETY.

To the Homœopathic Medical Society of Pennsylvania:

MR. PRESIDENT, LADIES AND GENTLEMEN:—The Homœpathic Medical Society of Allegheny County, following a custom established a few years ago, appointed the undersigned a committee to prepare a paper on some practical subject, and present the same for the consideration of this society. With this end in view, Rectal Alimentation has been selected, and in the paper which follows, we have endeavored to present this important subject, in a manner wholly unbiased, giving our united experience in regard to its utility and value.

The arrangement of the papers of this committee are as follows:

Dr. Cooper.—Its adaptability.

Dr. Hoffman.—History and Physiology.

Dr. Burgher.—Substances used and the manner of using them.

Dr. Caruthers.—Clinical Cases.

Drs. Fulton and Willard.–Normal Digestion and Resume.

The Different Forms of Disease requiring Rectal Alimentation, with Indications for its Employment.—Nature provides most bountifully for her children. All around us are the elements of growth and comfort for man and beast, and well adapted to the various needs of animal life. From conception through the various stages of development to the perfect physical being, the same providing care is seen. In the mammal the first visible sign of vitality, seen in the new being after conception, is the throb of the rudimentary heart.

Through it the elements prepared in the system of the mother are supplied for development, selected and guided by a vital influence to the various points of need. Bone, muscle, and nerve receive their due proportion. The organs of special sense, with those charged with the performance of the various

functions, are duly cared for and ere long the individual body is born into the world, to be sustained for a time by nutriment drawn from the system that gave it being.

A mouth through which to imbibe the elements of life and growth receives the bony armament necessary to prepare by mastication the substances soon to take the place of the nourishment hitherto drawn from the maternal fountain.

Salivary glands are provided to make mastication easy, and prepare the way for assimilation.

A stomach, in which organic substances masticated in the mouth and conveyed to it through the pharynx and œsophagus are macerated and reduced to an inorganic mass, through the agency of fluids secreted for the purpose. The liver and the pancreas contribute their shares in the process of reduction of substances that do not yield fully to the macerating proc ess in the stomach.

Food is thus prepared and brought to such a condition of subdivision, as will make it possible for the absorbents in the intestinal tract to take it up and apply it in the formation and repair of tissues.

Thus it is to be seen that in health an adequate preparation is made for growth or repair of tissue as the case may require. And only when disease or accident affects the upper portion of the alimentary tract, is art called upon to provide for the emergency, and tide the individual over the interference, and supply means for repair of the lesion, and maintain the performance of function. To simply wait for the healing of an inflamed part in the upper portion of the line of alimentation is, in many cases, fatal to the patient, and in all, more or less prejudicial.

Nature, when the shock of disease or injury is not too great or too general in the organism, is equal to the emergency, and has shown, in many cases, her ability to maintain her powers by occupying the alimentary tract from the opposite direction from the one evidently intended and prepared for the purpose.

In years past, many efforts have been made to sustain sinking patients by injections per rectum, some of which, from the substances used, would necessarily fail; while sufficient benefit resulted from others to give encouragement to its advocates. In the advance of medical science, however, by experiment, the theory has become an established fact, patients in many cases subsisting in this way for days, weeks, and some for months.

Where partial nourishing of a patient has been accomplished by the mouth and stomach, and still not sufficient to keep up the flagging powers, supplemental alimentation per rectum, has, in many cases, sustained the patient and brought about a speedy recovery.

The object of this portion of our paper is to consider the class of ailments in which this mode of sustentation will be of most practical utility. On taking a survey of the field, it will be seen that a large number of cases of various forms of disease, and in various stages, have received sustaining nourishment in this way, and with few exceptions have been materially benefited thereby. Its benefits are seen in acute and chronic, traumatic and acquired, disease.

In the list of acute diseases in which this mode of sustaining a patient can be adopted to advantage in the graver forms of each, will be found:—

Glossitis with suppuration.

Tonsillitis with suppuration, especially when both sides suppurate, and when suppuration is deep and slow in opening.

In all the severer forms of angina, where swallowing is difficult and accompanied with great pain and dread.

Inflammation of the œsophagus, with or without suppuration.

Inflammation of the stomach, especially when the presence of food or drink causes pain, and a disposition to vomit.

In inflammation of the larynx, whether croupy or otherwise.

In the severer forms of diphtheria, more especially when the fauces, nares and larynx are the points of severest develop-

ment. And especially where there is an abhorrence of food; and in cases where the soft parts of the throat are so swollen and inflamed as to preclude the taking of food or drink.

In scarlet fever, with severe angina, when nausea and vomiting continues an unusual time, and drink cannot be kept in the stomach sufficient to maintain the integrity or supply the secreting organs. In this class of cases the injection of fluids is more called for than solids. In all cases of fever, fluid and especially warmish water can be injected with benefit, where sufficient fluid cannot be retained in the stomach for the wants of the organism.

In cases where operations have been performed in the cavity of the mouth, for cleft palate or for amputation of a part or the whole of the tongue. The removal of tumors of mouth or tongue, or for operations upon the maxillæ, upper or lower; or for fractures of the maxillæ, or wounds that are difficult to keep coaptated, of tongue or soft parts of mouth or throat.

In wounds or operations of the neck or inferior maxillary region that may be deep enough to cause great pain on making an effort to swallow.

In cases where the mouth and throat have been deeply burned by steam, hot water, concentrated lye, the strong acids, corrosive sublimate, or any of the corroding poisons; the only way left by which the patient can be nourished is by injection per rectum.

Where nourishment has to be taken over a tender surface, whether a wound made by the surgeon or by accident, or the result of an extensive and deep burn, or by an escharotic, the act of deglutition necessarily causes pain each time, and, when frequently repeated, more or less inflammatory action is set up in the tender part in addition to that which would necessarily result from the primary cause of the sore.

The pain produced each time by the frequent feeding of a patient after almost any severe operation in the natural line of alimentation produces a depressing influence, which, in

many cases, suspends the performance of the natural functions of the stomach. And when food is forced into it in this depressed condition it is often ejected partially digested and at times in a condition of fermentation. And when forced back over an inflamed or tender surface in this fermenting state, in most cases, additional pain and inflammation is produced, aggravating the patient and seriously embarrassing improvement.

Having presented the claims of some of the acute and also some of the surgical diseases for consideration, in this connection, we now present as dependent upon either acute or chronic influences, retro-pharyngeal abscess.

In this affection it is generally difficult and at times impossible to get the patient to swallow food enough to sustain the organism.

In this, as in diphtheria, the patient can scarcely be brought to feel the danger of abstinence, when the pain and difficulty of swallowing are so great as to cause the sufferer to dread the time for taking food.

The list of chronic diseases in which rectal alimentation, in whole or in part, becomes a necessity, is an important one. Several of them are painful and distressing in the extreme, and when nourished in the ordinary way, the suffering is very materially increased beyond what it might be if supplemented by proper enemata.

Of those claiming special attention here, and from their painful character and important positions in the ordinary line by which the body is usually nourished, may be named the various forms of cancer.

Though almost universally fatal under all forms of treatment, and hopeless from the time that a correct diagnosis is made, the condition of the patient, by judicious management, can in many cases be made measurably comfortable if the system can be kept properly nourished. When the mouth, the tongue, the larynx, the cardiac or pyloric orifices of the stomach are invaded, this is impossible; but by a judicious feeding per

rectum the fatal issue may be kept at bay; thus giving a little more time, and, in some measure, saving the patient from the sufferings of starvation in connection with the disease.

In ulceration of the throat, occasionally seen as one of the results of syphilis, it is impossible to pass food enough into the stomach to maintain the vitality of the patient, and, if no other mode of nourishing the sick one could be devised, death from exhaustion must necessarily occur. Here the rectal syringe may be the means of saving a human life.

In tubercular disease, the upper portion of the alimentary tract is, in many cases, found to be in a condition that will utterly preclude the possibility of taking and properly preparing aliment in the quantity that will sustain the patient. For a considerable time experiments have been carried on in some of the public institutions of our country, and also in private practice, by men of standing in the profession, to demonstrate the utility of this mode of nutrition in cases that could not be sufficiently nourished in the natural way, many of the subjects of experiment being consumptives in various stages of the disease. The larger proportion of those experimented upon have been benefited, and some who seemed to be in an almost hopeless condition, have recovered entirely.

Round or perforating ulcer of the stomach is another of the chronic ailments in which the digestive organs are shorn of their power, and an impoverished circulation possesses but little means of repair unless its integrity is maintained by rectal nutrition.

Stricture of the œsophagus is occasionally met with, and although it can be dilated and the patient nourished, yet the use of a dilating instrument cannot in all cases be tolerated as often as the craving of hunger prompts the patient to take food. The natural hunger can be relieved by taking nourishing enemata.

Gout occasionally is found to attack the stomach with such violence as to threaten exhaustion and collapse from pain and want of nutrition. In such cases the only way to sustain the patient is by nourishing enemata.

The reflex vomiting of pregnancy in some women continues so long, and is so persistent, that exhaustion occurs from little food being retained, and death is occasionally the result. In such cases it has been considered good practice to empty the womb to save the life of the woman. But when nutritive enemata have been used carefully and judiciously this alternative need scarcely exist.

Tetanus when severe, precludes the taking of food in the natural way, and if the patient is nourished at all, it can only be done by the rectum.

Paralysis of the organs of deglutition is a condition which would naturally compel a deviation from the ordinary way of taking food for sustaining the life of an individual, and where the intestinal tract is in a healthy condition enough can be taken per rectum to sustain life.

History and Physiology—The subject of rectal alimentation is, practically, one of comparatively recent date, it having received little attention before the past two decades.

It is true that Herodotus makes mention of the ancient Egyptians, having used nutritious enemata, but at a later date this procedure seems to have lapsed into desuetude.

Medicinal injections into the rectum have been used more or less frequently ever since then, but very little, if any, mention is made in the literature, of sustaining life by injecting liquid food, so that we may say that the procedure in its present perfection and variety of nutrient material is of quite recent date.

Aside from any absorption by the rectum, the intestines seem to possess the power of a backward movement or retrostalsis. This was known in the sixteenth century, Guaynerius having recorded a case of a patient who vomited a suppository placed in the rectum. This is shown also as far as the small intestine is concerned by the stercoraceous vomiting in intssusception and strangulated hernia.

The presence of follicles in the rectum would lead one to suppose that they must possess to some degree the function

of absorption as in the case of the villi of the small intestine. The similarity of anatomical structure would strengthen this supposition, and it was proved by Buisson, who, after he had injected beef tea into the rectum, found the lacteals charged with fluid.

The ultimate tribunal is the bedside and its verdict has not disappointed the expectations, as is shown by the case reported by Prof. Flint, mentioned in the *Medical Record*, where a patient was fed almost exclusively in this manner for fifteen months.

Those who are interested in the bibliography of this subject I would refer to the *Medical Record* of July 15th, 1882, in which Dr. Bliss gives an admirable resume of works and authors touching upon this subject.

Substances Employed, Preparation for and Method of Injection.—The feasibility of sustaining life for an indefinite period by enemata of nutritious substances in liquid form is a well established fact. That it is not necessary to employ foods that have been partially digested by artificial means has also been demonstrated by actual experiment. Rectal alimentation in the class of cases and conditions enumerated by Dr. Cooper, in another section of this paper, merits our highest consideration. By a timely and judicious resort to this method a critical period may be tided over and the patient restored to health, when without it death from inanition would be the inevitable result.

From the simplicity of the structure of the rectum as compared with that of the mucous membrane of the small intestine, and the absence of saliva and gastric and pancreatic juices, some have doubted its capability to absorb and appropriate aliment sufficient to support the necessary nutrition of the body, either in health or disease. In the light of accumulated clinical evidence, we cannot doubt that the body may be nourished and life sustained by enemata of nutritious preparations.

The task assigned to me in the production of this essay is merely an enumeration of the preparations employed, the

quantity, frequency and temperature best adapted to secure the desired results; and the preliminary preparation for, and method of ingestion.

A variety of nutritious articles may be employed for rectal alimentation. Pure water, milk, peptonized, pancreatinized or ingluvinized milk and eggs, beef tea, beef essence, Liebig's, Borden's, Valentine's, and Schmœle & Co.'s fluid extracts of beef; to any of which, from time to time, may be added rice-water, arrow-root, glucose, dextrine, gum acacia, etc. Recently beef peptonoids and dessicated beef's blood have been highly recommended and satisfactorily employed. It should be mentioned, however, that the use of the latter, while it well sustains the patient, when used for any considerable time causes an offensive exhalation from the surface of the body. Dessicated blood as now prepared for aliment, as I understand it, is simply deprived of its fibrin by stirring or agitating, and of its water by heat at a low temperature. As most nitrogenous aliments taken into the stomach per orem are first seasoned with salt, it has occurred to me that the addition of a suitable quantity added to dessicated blood before ingestion might possibly obviate this serious objection to its use. With this view I respectfully submit the following formula:

R. Sang. bov. exsic., six drachms.
Aqua font. 100° F., four ounces.
Chloride of sodium, one drachm.

M. Administer at one ingestion and repeat every twelve hours.

For the sake of completeness the following formulæ for nutritive enemata have been collated:

The first is the one used by the late Dr. Peaslee, viz.: Crush one pound of beef muscle fine, and add to it one pint of cold water, macerate three-fourths of an hour, and gradually raise to the boiling point and continue for two minutes. When cooled to the proper temperature it is ready for use. The formula used by Dr. Mayet and approved by Brown-

Sequard,* is as follows, viz.: Fresh pancreas of the ox from one hundred and fifty to two hundred grammes. Bruise the pancreas in a mortar with tepid water at a temperature of 37° C., and strain through a cloth. Chop the meat fine and mix it thoroughly with the fluid which has thus been strained, after separating all the fat and tendonous portions. Add the yolk of one egg. Let stand for two hours and administer at the same temperature, after having cleansed the rectum with an injection of oil. This quantity should be administered in two doses, and is considered by Brown-Sequard sufficient for twenty-four hours' nourishment.

Dr. Flint employs the following formula, viz.: Milk, two ounces; whisky, one-half ounce, and the half of an egg. To be injected every three hours.

These formulæ have been largely superseded by beef peptonoids, beef essence, extracts and desiccated beef's blood.

However useful and nutritious the latter article may be, there is one very grave objection to it, which it is difficult to overcome unless the patient is kept in blissful ignorance of the article employed. The sight of blood, a knowledge of its ingestion, and its possible subsequent dejection are likely to excite disgust in the delicate, nervous and excitable subject; hence when this article is employed, the patient, from prudential considerations should be uninformed of its character, other than that it is a harmless and nutritious enemata suited to the case.

No one formula of enema should be used continuously. Patients thrive best upon an alternating diet.

The usual quantity of fluid employed for rectal alimentation is about six ounces. The capacity of the rectum will rarely tolerate more. If, however, as some prefer, the injection is above the sigmoid flexure, a larger quantity may be used. Some prefer the colonic method, as the injections are better retained, less liable to irritate, may be administered in larger quantity, and require less frequent repetition.

**Gazette Hebdom.* November 14th, 1879.

The bowel should be thoroughly cleansed before the aliment is ingested. This is best accomplished by a free injection of pure water at a temperature of 112° F., or more. For this purpose I prefer the ordinary Davidson's syringe.

The enema should be slowly introduced, and by the physician himself unless the patient has an experienced and trusty attendant, as the preparation of enemata, its temperature, and even its administration, requires experience, discretion and skill.

For rectal injection of nutriment I prefer an eight ounce cylindrical hard rubber syringe. It does not act upon the substance injected, nor does it act upon the instrument. It is easily cleansed, also, which is an important matter.

Dr. Spenser* describes a suppository which he recommends in the place of enemata. It consists of the extracted product of artificially digested meat, from which the insoluble matter has been removed, and mixed with a sufficient quantity of wax and starch to bring it to a proper consistence. Twenty ounces of meat thus prepared are formed into five suppositories, and one introduced into the rectum every four hours.

Clinical Cases. Numerous cases of rectal feeding have been reported in our periodical literature from time to time, the measure being resorted to in all sorts of exhausting and debilitating affections, among them being tubercular diarrhœas and other phthisical complaints, anæmia from hæmorrhages such as metrorrhagia, or from nervous exhaustion, also puerperal anæmic conditions, gravid nausea, dyspepsia, gastric ulcer, etc. In most cases the condition of the patient was improved, and in many, cures were effected, depending to a great extent upon the improved condition of the patient from the nourishment taken into the system by this means.

In the *Medical Record* of July 15th, 1882, Dr. D. W. Bliss of Washington, D. C., reports the result of this measure in the treatment of President Garfield, and adds a number of other cases, among them cases of cancer of the pylorus, gas-

*Practitioner, February, 1882.

tric ulcer, vomiting of pregnancy, gastralgia, puerperal septicæmia, etc.

Mr. Garfield was sustained largely during the last five weeks of his life by nutrient injections, administered by the rectum.

Dr. Bliss usually administered enemata of beef extract with beef peptonoids—six ounces of the former and one teaspoonful of the latter, repeated about every four hours. In some of his cases he used chicken broth, coffee and cream, beef tea, milk and eggs, and whiskey in some cases of great prostration.

The following cases,* heretofore unreported, will illustrate a variety of conditions in which this measure may be resorted to with the prospect of greatly alleviating the patient's sufferings.

Case 1.—Mrs. L.; aged thirty-one years; in 1864 had double abscess in the walls of the intestine; both cavities emptied themselves, with an interval of four days, into the descending colon. At this time, the patient's lips, mouth, and apparently the whole *prima via* was a mass of ulcerations. She was unable to take anything into the stomach, even water causing nausea and vomiting; her breath was extremely fœtid, the mouth and tongue covered with a thick yellow coating.

On the third day after the stomach rejected everything, her medicine was given hypodermically, and then as injections of rice water were given to relieve her profuse diarrhœa, the medicine to be administered was added to the injection. The diarrhœa soon ceased, but the patient having received such benefit in relief from thirst, etc., the injections were continued. Small quantities only, not more than a gill, were given at a time, and repeated every six hours. One gill of milk at the temperature of the body was given at 7 A. M. and at 7 P. M., and the same quantity of beef essence was given at noon and at midnight. The beef essence was prepared by putting one pound of lean beef to a half pint of water, allowing it to simmer for a half hour in a covered vessel, then skimmed and strained.

This course of treatment was continued for twelve days, there being an interval of fifteen days from the time she quit

*Reported by Drs. Childs, Cooper, Hofmann and Willard.

taking nourishment by the mouth until it was again resumed. Her medicine was given hypodermically twice a day, after seven days, and in injections four times a day.

CASE 2.—Mrs. G.; 1880. This patient suffered from an irritable condition of the stomach, being unable to retain anything taken, and complained of intense thirst. I first gave an injection to move the bowels, which were constipated, and told her to retain it as long as possible. After four hours it was still retained and the thirst was less, so I ordered an injection of a half pint of flaxseed tea to be given every four hours. She took four or five injections a day. We then used beef tea, adding equal parts of the flaxseed and beef teas. This was continued for six days when she had a natural evacuation of the bowels.

The injections always allayed thirst.

CASE 3.—Mrs. H.; aged fifty-five years; slender, weighing less than a hundred pounds; nervo-sanguine temperament; possessed of an arthritic diathesis, having concretions in the finger-joints and more or less pains, from time to time, in the extremities.

For several months she had complained of pain in the epigastric region after eating, the pain increasing from time to time until food had to be left off entirely. For a very considerable time before nourishment was left off, the quantity taken was much less than natural. The patient was reduced in strength as well as in flesh.

For the first few days after suspending nourishment, the stomach was allowed to rest, after which food was again given, but intense suffering followed. She was then kept for a longer time without food, but when it was again resumed, the result was the same. The suffering was so intense that we were compelled to leave off entirely the taking of aliment by the stomach, and to sustain the patient injections of milk were first tried. After a few injections the milk came away soured and without showing signs of any great portion of it having been absorbed. The milk was then discontinued.

About this time Valentine's meat juice was attracting some attention, and, from its consistence and constituents, thinking it would be absorbed by the rectum, its use was recommended.

After clearing out the rectum by an enema of water, one tablespoonful of the meat juice with fifteen tablespoonfuls of water was injected in the morning, and the same quantity again in the evening. A larger quantity was tried but was not retained, and but two injections of the quantity above named could be retained per day. She was kept in this way for sixteen days without any nourishment being taken into the stomach. She seemed to be improved; the pain in the epigastrium ceased entirely and there were no physical signs at the end of the sixteen days to indicate an irritable condition of the stomach; the tongue was clean; natural stools were voided each day; the patient slept well and maintained a good degree of strength, and at the end of the sixteen days we ventured to give food of a light character by the stomach. The first few meals gave no distress, but at the end of four days the pain had returned with almost the same degree of severity as before. Stomach alimentation was again suspended and she was fed per rectum, this being continued, this time, for twenty-three days. At the expiration of this time all pain and tenderness had left the epigastrium, and food was again given by the stomach, advancing carefully and gradually coming up to the normal quantity. The aliment given was principally fluid.

There was no further return of pain, and from this time forward the patient improved and became as well as was her habit, she always being more or less of a complainer.

Appropriate remedies were given during the entire course of treatment, of which plumbum aceticum seemed to exert the most beneficial influence upon her.

Case 4.—C. S.; aged sixty-two years. I was called in consultation with a physician who had had him under treatment for some time. I found the tongue like raw beef, with eructations, great desire for food, great thirst and restless at night; in fact, I might say he had his sickness brought on by

overwork at night, thinking about new inventions of machinery, etc. I changed his diet to milk and farinaceous food, and advised rest in country air. That was in the summer.

In the winter following I was again called to see him. He had been better for some time but his malady had returned in an aggravated form. He was now unable to keep anything on his stomach, drinks being vomited tasting sour; his tongue was very red and dry; he had lost considerable in weight, being reduced from one hundred and sixty-five to one hundred and four pounds. I at once put him on rectal alimentation allowing him nothing to drink but hot water seasoned with salt. I continued this course of treatment for about three weeks. His tongue became furred and his digestion became better so that he could take some sweet breads, tripe, with beef-steak and mutton, always combined so as to help digestion. He gained twelve pounds within a few weeks and became able to take short walks.

A short time after I was called there again. He had high fever and had lost considerable flesh although he was able to eat some. He died from exhaustion. A post-mortem examination showed a very much enlarged pancreas infiltrated all through with miliary tubercles. The stomach was in a healthy state, except a chronic thickening of the muscular coat.

Case 5.—Mrs. S. C.; aged fifty-two years, eight years past the menopause; had always a weak stomach. When I was called she had been taking different medicines from her allopathic physician. She could retain nothing on her stomach, even the least fluid she had to throw up. Her tongue was dark, fiery red and dry; great thirst and prostration.

I advised at once rectal alimentation, with champagne as a drink, but as the champagne disagreed with her, after two days Apollinaris water was substituted, these drinks being used on account of the carbonic acid contained in them. She could not take the hot water with salt. I ordered wet bandages put to her stomach. As her digestion improved she received buttermilk which was very grateful and stayed with her. She made a good recovery.

CASE 6.—P. C.; aged thirty-nine years; was always troubled with indigestion, brought on and increased by his living as a peddler. He had all the symptoms of chronic inflammation of the stomach; could keep nothing on the stomach, not even water. For drink he got hot salt water every evening, twice injection of milk and water before the beef-juice. He retained all and remained constipated for forty days.

CASE 7.—Mrs. C.; aged thirty-nine years. Intolerance of food and drink for some time; tongue cracked, with intense thirst. I put her on champagne in small quantities, as a drink, which could be retained the first day. On the second day she was so much disgusted with it that she could not take it any more. Pieces of broken ice increased the thirst, as in all such cases. She got a wet bandage around her abdomen, and hot water with salt to drink, and rectal injections of milk and warm water first, and Valentine's beef-juice afterward.

CASE 8.—Miss M. Condition about the same as the preceding and the same course of treatment was pursued, except that no champagne was ordered.

CASE 9.—Mrs. G.; aged seventy-eight years; had acute gastritis and got better but took a relapse. Nausea all the time, worse after taking anything to drink, which she wanted to have frequently, quite often vomiting. As she could take no food and as her age needed sustenance, I ordered milk and warm water injections first and after that Valentine's beef-juice, with wet bandage around the abdomen.

I could not keep her long on beef-juice injections, as the lower bowel became irritated and dysenteric symptoms set in, but by that time she was able to take two tablespoonfuls of buttermilk every two hours. In a few days she took more and more, and ultimately made a good recovery in spite of her age.

CASE 10.—Miss P.; aged sixteen years. On the tenth day of an attack of rheumatic fever complicated with gastric trouble, the stomach was in such a condition that neither food, water nor anything could be retained; her thirst was intense and agonizing: pulse 130, temperature 103°. This was in the

early part of the evening. On consultation it was decided to use injections of tepid water for the purpose of giving the system a supply of fluid, which seemed to be imperatively demanded. After the bowels had been moved by a large injection of warm water, a half pint of tepid water was thrown into the rectum. This was done at 8 P. M., and at 10 P. M., it was followed by another, a pint this time, after which the patient had some rest, was more comfortable, and slept for one hour. The remainder of the night she was very restless and thirsty.

On the morning of the eleventh day her pulse was 120, temperature 101½°, and she was still excessively thirsty and the stomach very irritable. An injection of one quart of tepid water was given at 10 A. M., followed at 2 P. M., by the same quantity, and again at 4 and 10 A. M., making one gallon of water by injection, in the twenty-four hours. What was most remarkable was that all this water was retained and the patient slept better on the twelfth night than any time before.

On the twelfth day her stomach was still irritable, thirst not so great, tongue still dry. Temperature in morning, normal and pulse 110. In the evening the temperature was 100½° and the pulse 120. An injection of three pints of tepid water was administered, morning and afternoon, and evening, and retained.

The thirteenth night was a comfortable one and on the morning of the fourteenth day the stomach, on trial, did tolerate water. The irritable condition had subsided, and small quantities of food were now given and retained. No more injections of water were given and the patient gradually convalesced.

The most remarkable fact is that all the water given as injections, except the first, which was given to unload the rectum, was retained. On the fifteenth day there was a natural movement of the bowels, the stool being of normal consistence.

Case 11.—J. B.; aged eleven years; a case of scarlatina running a moderately severe course. At about the fourteenth

day of the disease, the urine, which had been passed in a very natural manner as regards frequency and quantity, suddenly stopped, and for one week and a day no urine was secreted by the kidneys. This most singular occurrence aroused great anxiety, but during this time he took a moderate quantity of food, could sleep four or five hours during the night, and was only at intervals delirious. On the afternoon of the eighth day of the suppression of urine, he passed a teaspoonful of urine of the same quality and specific gravity as when it ceased. No albumen was found during any part of the illness, except in the second week, and then there was only a trace. His bowels at this time were constipated, and his tongue was cracked. His diet consisted of milk-toast, milk, cream and soft-boiled eggs.

On the next day, the twenty-third of his illness, his stomach became irritable and in the morning he vomited his breakfast of egg and toast, and at noon the same, but he retained his supper. At midnight of the twenty-fourth day he vomited a large amount of glairy mucus mixed with a dark green substance.

On the morning of the twenty-fourth day he was given a small quantity of weak chicken broth which he vomited, with a quantity of a substance resembling coffee grounds. This was at 7 A. M.

On the twenty-fifth day, at 10 o'clock, he again vomited, and this was nothing but a dark liquid. At 3 P. M., without taking any food or water, he vomited the dark liquid and a half pint of dark, clotted blood.

We now determined to use injections to sustain his strength, for there was no possibility of his taking any nourishment by the stomach, which seemed to be in a disorganized condition, consequently at 4 P. M., an injection of tepid water was given which thoroughly emptied the rectum. After a half hour a teaspoonful of Valentine's beef-juice in three tablespoonfuls of water, blood warm, was injected. Being anxious to know the effect of the injections upon the pulse and tem-

perature, a record was kept upon the daily report, when the injections were given. Three hours after the last vomiting and immediately before the injection, the pulse was 120 and the temperature 96½°. At 11 P. M. another injection of the same quantity of beef essence was given. Pulse 120; temperature 96¾°.

During the night he was very thirsty and was allowed to take water in his mouth and spit it out, none being swallowed. He did not vomit but gagged a little at 6 A. M. At 6.30 another injection of the same quantity of beef essence was given. Pulse 118; temperature 96½°. He had slept about six hours during the night but was very much exhausted.

On the twenty-sixth day the injections were given at 6.30 A. M., 12 M., 4 and 10 P. M. Pulse 110; temperature 97°. The injections were all retained. His sleep was quiet and he seemed much improved.

On the twenty-seventh day at 6.30 A. M., pulse 90; temperature 98°. A large injection of water was now given to clear out the rectum. A moderate passage followed, and after a half hour the beef essence was given this day the same as the preceding. At 8.30 P. M. of this day, his pulse was 76; temperature normal. The tongue is moist and he has less thirst, and he is very hungry, but, being afraid lest his stomach would reject food, we concluded to continue the beef injections. The night of the twenty-seventh was a quiet one, but at midnight his desire for water was so strong and his importunities so great, his parents yielded to his wishes and gave him a cup of water, he promising to drink only half of it, which promise he fulfilled by drinking it all. It did not seem to do him any harm for his sleep was good.

On the twenty-ninth day, at 8.30 A. M. his pulse was 76; temperature normal. He had an injection at 7 A. M., and at eleven a movement of the bowels occurred, and another at 1 P. M. Diarrhœa now set in and the injections were discontinued for the rest of the sickness. The diarrhœa did not last but a day. His stomach was now in good condition, retaining beef tea, milk and cream.

Although we now considered his recovery assured, a most severe swelling of the parotid glands on both sides took place, which after three days were lanced, giving vent to laudable pus. From this time his recovery was rapid.

CASE 12.—Mrs. K.; affected with vomiting of pregnancy. So incessant was the vomiting and so irritable the stomach, that after a considerable quantity of blood was ejected from the stomach, and being unable to retain the medicine given in a liquid form, we, on examination of her symptoms, concluded that the only means of relief was by rectal alimentation and hypodermic injection of medicine.

Her pulse at this time was 130; temperature 96°,—a condition not at all flattering for the future. The irritability of the stomach had been increasing for one week, and her strength was failing.

The injections were given with a similar result as in the case last mentioned,—the pulse improved and the temperature increased. The hypodermic injection of ipecac. ² produced a sound sleep, so that in a few days she was convalescent.

Normal Digestion and Resume.—With the cases just reported, and the remarks made in the preceding pages we are convinced of the important aid afforded by rectal alimentation, in all those affections enumerated by Dr. Cooper, but especially does the prospect become more hopeful when we consider that by the means proposed we can procure a complete rest for the stomach, and in this way treat obstinate gastric troubles, such as round ulcers, hæmatemesis, etc., without disturbing the stomach, which in such cases is the seat and stronghold of the trouble. In gastric ulcers, the most important, and the most intractible, affection of the stomach, is surely a grand field for this mode of nutrition. The stomach is allowed rest, and medicine given to cure the disease, whilst life is sustained by rectal alimentation. Those ailments having for their cause defective digestion by the stomach, can be relieved in the same manner. The question may be asked, would not such cases as those mentioned in the preced-

ing pages, have been cured without rectal alimentation. To this of course we can give no definite answer. Some of those cases were so alarming that an unfavorable ending seemed a question of only a short time. Notice the case of No. 10. Water given for excessive thirst; pulse, 130; temperature, 102°; restless at night. See how the record ran after that: A lower temperature and a lower pulse, all indicating the favorable injection of water, which at that time was the only aliment the body needed.

Again, case No. 3. The first successful case where my attention was turned to this form of alimentation by Drs. Cooper and Hofmann. The case was urgent, all food was vomited, the patient could take food, retain it for about three hours, then with very little trouble reject it. Thickening and soreness was thought to be in the duodenal region. The patient was losing her strength when the injections were given, and all food by the stomach discontinued. Now the stomach having no work to perform, takes a needed rest, and the induration and soreness subside. Had food in any of the milder forms been continued can we predict the result? We think there would have ensued a complete stopping up of the pylorus, and death from exhaustion would have followed. But the remedies to cure the disease and rest for the part affected achieved a most remarkable cure.

We would also call attention to case No. 11. A case where disorganization of the mucous coat of the stomach had already taken place, not from accidental nor from a sudden cause, but following a debilitating attack of scarlet fever. The temperature was 95°, pulse 130. This was the patient's condition three hours after the last emesis, when he vomited a half pint of dark clotted blood. Then followed the enema of beef essence, and we noticed the first night a rise in the temperature, and a fall of the pulse. The third day the record showed pulse 76, temperature normal. In regard to the mode in which alimentation is carried on in the intestines, it is as yet to a great extent a matter of conjecture. Dr. Hofmann has shown

in a previous part of this paper that beef tea or other liquid substance may be carried up past the sigmoid flexure along the colon to the small intestine, or, in other words, according to Dr. Campbell, of Georgia, by a retro-staltic movement, in contra-distinction to the peristaltic movement as described by our present writers on physiology. Even this being the fact, and we think it is thoroughly established by numerous writers, it does not by any means explain the manner in which the body receives the nourishment, when food or aliment is injected into the bowels. In a paper read by Dr. Flint before the New York Academy of Medicine he leaves this question in such a manner as would lead us to infer that the glands of the rectum and those of the large intestines take by absorption their food supply. Dr. Campbell, of Georgia, in his treatise, whilst admitting to some extent the absorption theory, relies upon the fact of retro-stalsis to prove his theory that rectal alimentation occurs in the small intestines. He says, after the prepared food has passed the ileo-cæcal valve, here we find digestive fluids ready for their disintegration, solution and chylification in abundance, and here also lacteals abound for chylous absorption. If such be a fact then the physiology of the future will need to be revised.

The peristaltic movement described by physiologists would seem to admit of only one movement, normally, in digestion, onward, and the duty of the ileo-cæcal valve solely to prevent regurgitation, when if the theory of retro-stalsis becomes established, its duty is not only to prevent regurgitation, but also to keep within the small intestines the food until digested, and in no way promoting the onward movement hitherto described. At present we are in the midst of conjecture, but certainly there is a broad field for investigations in regard to the manner in which food, when thrown into the rectum, is taken into the system by the glands, absorbent lacteals or whatever they may be, to give to the body such sustenance. However great the difference of opinion may be in regard to the process, there can only be one in reference to the result. Your com-

mittee can only add in a general way that we lean to the belief, that when the stomach is by disease or other cause incapacitated from performing its duty so necessary to the welfare of the body, the glands of the rectum and all the intestines, as if to make up the loss, take up with avidity all food capable of nourishment placed within their reach. It would seem that these glands, portal radicles, etc., are as liable to satiety as the stomach itself, and hence the care necessary in giving the injections for fear of a relapse, as shown by the paper of Dr. Burgher.

DISCUSSION.

Dr. Willard: In regard to the use of vapor in cases of croupous diphtheria I would say that I have always used it. In all cases of diphtheritic croup that I have treated successfully I have used the remedies mentioned by Dr. Martin, principally aconite, belladonna, hepar sul., kali bi., and merc. jod. The use of the vapor has always been beneficial. I have the steam conducted to the bed, sometimes forming a tent over the patient by means of a sheet, and allow them to inhale it for three or four minutes. I find that it loosens the membrane and assists in causing it to be thrown off. I have it used whenever the throat gets dry and the breathing is obstructed, and find that after a few inhalations there is a relaxation of the affected parts and the breathing becomes quieter and easier. I do not have the room saturated with the vapor, but have it distinctly perceptible. While I agree with the writers of the paper on intermittent fever that in many cases quinine is not the remedy, I think you will generally find that it does correspond to the cases.

Dr. Van Artsdalen: If we could only have absolute control of our patients it would not be necessary to use quinine to suppress an ague. The patients demand that their chills be stopped at once, and if we do not do so, some one else will give the quinine, and we lose the patient.

For the numb pains in the fingers, mentioned in the case of Dr. Cowley, nux mosch. and apis are indicated.

DR. COWLEY: I did not give the treatment of my case, as it was a fatal one. I did give apis when œdema set in, and I gave bromide of potash for some time, but I do not think I gave nux mosch.

In reference to intermittent fever, our experience in this locality is so slight, not having many severe cases to treat, that we cannot speak authoritatively as to the treatment of bad cases.

In a recent case of diphtheria I used inhalations of chloride of lime, but it did not seem to do any good and the patient died. A case treated previously got well on this remedy Whenever he had severe constriction of the throat the inhalations were used, and always with relief.

DR. GUERNSEY: I believe it would be much better for patients if they would object more strenuously against operative procedures and thus compel surgeons to study the remedies suitable to the case.

DR. COWLEY: There is one remedy that may be of use for some cases of diphtheria. I had a severe case in which there was hæmorrhage from the nose, tonsils and stomach. This case died on nitric acid, but I thought, on reflecting on the case afterward, that sulphuric acid would have suited it better. Since then I used the latter remedy in a similar case, and it controlled the hæmorrhages, but the patient died. In a third case, treated recently, I used it again and this time with good effect as the child recovered.

DR. SKEELS: I came to this meeting purposely to hear the two papers on diphtheria and on intermittent fever.

Diphtheria has three points to be taken into consideration: sore throat, fever and rash. The rash is insignificant and is the lightest pathological condition that ever afflicts a human being. The sore throat is of some importance, but not much. The fever is the all-important thing. If any physician has a good treatment for typhoid fever let him treat his diphtheritic patients the same way, and if he cures his typhoid fever cases he will save his diphtheria patients. A good many

years ago we were told that good, healthy pus was Nature's best dressing for an ulcer, and I say now that the diphtheritic membrane is the best dressing for a sore throat. Do not destroy or remove it, but preserve it intact.

Pathologists give us descriptions of inflammation, but make no difference between catarrhal, eyrsipelatous, diphtheritic, or any other inflammation. I would as leave have a case of diphtheria to treat as a case of common red sore throat. I do not care for the throat, but if I can get the fever down the patient will get well. I treat diphtheria with calcarea phos. ^{3x} and aconite ^{0}.

In response to a question the doctor said he cured every case of diphtheria.

Dr. James: Are we to infer from Dr. Skeels' remarks that the poison or infection of typhoid fever and diphtheria are the same, or that they are different poisons with similar manifestations? We never heard them compared before and would like to know.

Dr. Skeels: There are three things that I never took stock in: malaria, blood-poisoning and bacteria. I will say to you that the literature of fever as we have it in our text-books is a confused mass. Typhoid means all below health, and as all persons suffering from any fever are not up to the standard of health, therefore all fevers are typhoid fevers. Fevers are divided into intermittent, remittent and continued. This, again, causes confusion, for the intermittent runs into the remittent, and this may become continued. We may be able to distinguish between the remittent and the continuous forms, but cannot differentiate between the intermittent and remittent.

Fevers get names from their grades, as typhoid; from their locality, as chickahominy, jail, etc.; from their appearance, as yellow fever; or from their causes, as catheter fever; while many diseases associated with fever are not named among the fevers, as erysipelas, etc. Raue says that without increased temperature of the body there is no fever. If we wish to study fever we must take it in its initial stages, for, if

not, we confound the effects of the fever with the fever. In every fever, of whatever name, the initial condition is increased heat. The chill preceding may be placed under the head of nervousness. Whenever you find fever it is always the same and has the same initial symptoms—chill, heat, headache, backache, etc. They are all fevers, and if you treat them as typhoid fevers you have them.

Dr. Bowie: The paper on ustilago, given in amenorrhœa, attracted my attention. I have used it with good effect in the contrary condition, but not in this. The symptoms for which I have given it are a profuse discharge of dark, clotted blood, of a fœtid odor, with pain and tenderness in one or both ovaries. The ovarian symptoms are characteristic and must be present. In that condition I have found it a sovereign remedy when used in a high potency, but the low only aggravates. In these cases of amenorrhœa in phthisical females we will have to use it in a low potency. We are often asked, in such patients, to do something to bring on the menses, and this may be a good remedy. In the paper I do not notice any real characteristics for its use and therefore doubt its utility.

Dr. Parsons: The paper on rectal alimentation covered many points of interest, but there was one point that was not touched upon, and that was a class of cases in which feeding by the rectum is necessary and the injections cause pain. I have had cases where they could not be used on this account. If others have met such cases and can tell me how to overcome the difficulty I will be glad to hear them. In one case of chronic gastritis of twenty years' standing, under my treatment for some time, remedies relieved for a time, but he then began to grow worse, and I began to think it might be a malignant disease. I advised him to abstain from all food by the stomach and used rectal injections. I had intended to prolong his fast for four weeks, but in this case the enemata caused pain, and in seventeen days the pain was so intense that the use of the injections had to be discontinued. The treatment, however, seemed to have a good effect, for he im-

proved, and for two years was well. At that time he had a relapse on account of some indiscretion in diet, but this was relieved, and he is now well. In some cases a feeling of nausea is produced, but I have noticed this also in using ordinary injections.

Dr. O. D. Childs, Akron, O.: The subject of rectal alimentation is one of peculiar interest to me and to the profession; in fact, the subject of alimentation is a more important one than that of sanitation. If we have any one at all in an insanitary condition it is he whose alimentation is weak, and it is among this class of persons that we have cases of typhoid fever, diphtheria, etc. By attending to this and keeping the body well nourished they may avoid many diseases that would otherwise attack them. I read recently of a case of a hermit who had remained for years in a den surrounded by all his excrement and filth that had not been removed for years. His food was brought to him daily, and, notwithstanding the condition of the place in which he lived, he was in perfect health, mainly, I think, in consequence of strong alimentation.

Rectal alimentation does nourish by absorption by the rectum. Just how this takes place is not known and cannot be accounted for any more than we can tell just how digestion is carried on by the stomach.

The substance used has to be selected according to the patient, and we must discriminate as closely as in feeding by the stomach. All substances will not agree the same and they should be differentiated the same as our medicinal remedies.

I have had some cases that suffered pain after the injections, but have avoided this by using small injections of warm water, from a half to one teacupful, containing a very little stimulant, either quinine or whisky. If this passes off, well and good, but if not, wait one or two hours before injecting nutriment. In these cases use a small quantity of the substance, less than a half cupful if necessary and use it oftener.

When there happens to be a rectal ulcer there is sure to be pain, and I then use sweet oil with the injection. I have found the oil to be of use also as an alimentary substance. It is taken up by the absorbents and serves as nutriment. I do not use the same substance continuously, but vary it, from beef tea to whisky and water. With rectal alimentation I apply sweet oil over the stomach and abdomen. The oil disappears and is probably absorbed, the cloths becoming dry in twelve hours. In many cases of anæmic conditions I have had good results from sweet oil applied over the stomach and abdomen.

DISCUSSION ON CHOLERA.

Dr. Farrington: In considering a disease such as cholera there are two factors to be taken into account; first, the susceptibility of the people, and, second, the infectious character of the disease. As homœopathists we should keep these points in view.

The susceptibility is again divisible into two subdivisions; first, heredity, and, second, mode of life and surrounding circumstances.

Regarding the cause of cholera and other infectious or zymotic diseases, the germ or bacteria theory seems to have been pretty generally accepted.

The germs are not the cause of the disease but are its fruit and perpetuation, and in them lie the spread of the disease. I believe in using all possible means for the prevention of the spread of the disease by the employment of germicides. Substances can be used for the destruction of germs that are not injurious to human life.

From the experiments of Koch it has been shown that the germs of cholera exist in human fœces and offal, and they can be conveyed from wells and other receptacles of human excreta by water and otherwise. Cities that have sewer connections are especially liable to infection by cholera, and we should see to it, in view of the possible appearance of the cholera among us next summer, that the drainage and ventila-

tion of our houses is properly done. It is necessary not only that we get a sufficient supply of good air but also to have the basins, sinks, etc., thoroughly and scientifically ventilated.

When cholera does come, what is to be done?

Those who have an inherited tendency to the disease are extremely liable to attacks of cholera. Those who are not susceptible must be very careful lest a susceptibility be aroused. Above all let the physician be not afraid. There is no doubt that fear of a disease often increases the susceptibility, by relaxing and loosening fibre and thus weakening the power of resistance of tissues. The subject of food should be carefully considered and healthful food in moderate quantities, only, should be partaken of.

Thanks to homœopathy we have preventive remedies. From Dr. Hering's experience we know that sulphur is a preventive of cholera. The commander of a certain department in the Austrian army, who was a great admirer of Dr. Hering's, when an epidemic of cholera appeared in the army, made his men put the flowers of sulphur in their stockings, and while the army all around him suffered great loss from the disease, his men suffered but little.

Ozone is a good preventive. It is easily manufactured and is perfectly harmless. When one is particularly tired, let him inhale it and it will revive him.

Hahnemann had never seen a case of cholera when he gave his recommendation of cuprum, camphor, veratrum, etc. for its treatment, but the remedies he recommended then, are those that have been found most useful in all subsequent epidemics. There is a little work by Salzer, of Calcutta, India, published in the very home of cholera, which will well repay any one who cares to read it.

Dr. Van Artsdalen: It is difficult to tell much about cholera when one has never seen a case, but still we should know what to do if it should present itself. I should go to cases of cholera the same as I would to small-pox—with no dread of contagion. I think fear is an important point in the

ætiology. The results of diphtheria and cholera are much the same. If we take the alvine evacuations of diphtheria, we find the rice-water discharges, etc., similar to those of cholera, and the remedies that relieve the one will also help the other. Cleanliness, and attention to public and also to private hygiene are of great importance, but the latter is the most needful of the two. If cholera comes, we will find that internal and private hygiene is paramount to public hygiene.

Dr. James: I have had some experience in cholera, having treated fifty to a hundred cases in 1867, but I have nothing to add, in the way of treatment, to that which is given in the books. Very few of our diseases are so thoroughly understood so far as remedies are concerned, and there are very few diseases in which the remedies that are necessary are so few in number. The stage of collapse is similar to that induced by shock or nervous influences in other cases.

We need not pay too much attention to Koch's theory in regard to bacteria. It is very nice and is very satisfactory to those who are working solely with the microscope, but is of little use to the practical physician. I doubt if the germs have any propagating power, but think they serve as carriers of the something that does produce the disease.

I have not time to put this to the test, but I fail to find the germs responsible for the carrying of disease. I believe that the germs are a result of the disease and that the variations in size, form, maneuvers, etc., are the various stages through which they pass. We find that in a suppurating wound, the tissue involved will give shape and form to the germs in pus.

I say this so that you may not be led away, in your pursuit of the study of germicides, from your hygienic treatment, and that you may carefully guard those who are predisposed and those who acquire a predisposition to the disease. Let them be kept regular in their habits of eating, work, etc. If weariness comes on during an epidemic let the patient rest and thus put himself in the best condition to resist the disease. Then treat by symptoms. There is no rule of treatment ex-

cept the homœopathic law. The remedies used, the world over, by all schools, are homœopathic remedies.

Dr. Guernsey: Dr. Farrington has left me only one or two points to mention. One of these is the statement in Hahnemann's Lesser Writings that workers in copper never have cholera, and that a copper plate worn next the body, or instead of this, a dose of cuprum ^{10}, morning and evening will effectually protect from infection.

Cholera is not obstructed in its progress by quarantine. The probable cause of this, according to Ziemssen, is that persons going from an infected district carry the cholera germs in them, and, in defecation, the germs are carried to various places and thus arise new foci of disease.

Dr. Parsons: In addition to what Dr. Guernsey said of copper, in 1868 Dr. Hoyne used the copper plates in a large number of cases, and in no instance where the copper plates were worn was there any infection. In treatment I should not differ from those who have already spoken, and would be guided by the indications in the case and the remedial agents at our hand.

Dr. Rush, Salem, O.: I have no experience in the treatment of the disease but was a victim of it in 1849. I may say that this was the means of drawing my attention to homœopathy. I would go in to a case of cholera as I would to a case of small-pox, having no fear of my personal safety. We ought to attend to the ventilation of the room in all cases of disease of whatever kind, but especially in cholera.

Dr. Willard: I have had no experience in the treatment of cholera but have had some cases very much resembling it in which camphor, veratrum, cuprum, etc., were used according to indications, and always produced marked effect in one or two hours.

Dr. Guernsey: I wish to emphasize Dr. James' remarks in regard to the importance of rest, and to call your attention also to this in the treatment of cholera infantum.

Dr. W. R. Childs: Billroth says that water is the great remedy in cholera. He thinks that cholera is not dangerous

if plenty of water is used. There is no danger of infection until the excreta are decomposed and the germs thus vivified.

Dr. Farrington: I have been much pleased with the discussion and with the fealty exhibited toward our homœopathic remedies. We can, figuratively speaking, laugh at the epidemic, for with our remedies, we may feel able to cope successfully with the disease. I agree with Dr. James that the something that perpetuates the disease, call it by whatever name you please, is carried by the germs. I would call Dr. Childs' attention to the fact that some other authority, in opposition to Billroth's theory, claims that the use of water is the best way to keep up the disease.

REPORT OF THE BUREAU OF SANITARY SCIENCE.

In the absence of the Chairman of the Bureau of Sanitary Science, Dr. R. E. Caruthers presented the following papers, which were accepted and referred to the Publishing Committee:

The Care of Children and Youth in our Public Schools, by E. C. Parsons, M. D.

The Beneficial Effects of Sunlight, by J. H. Young, M. D.

Some of the Sanitary Conditions that Surround our Homes, by the Chester, Delaware and Montgomery Counties' Society.

THE CARE OF CHILDREN AND YOUTH IN OUR PUBLIC SCHOOLS.

BY E. C. PARSONS, M. D., MEADVILLE.

The prevailing ignorance of explicit sanitary methods among all classes, whether high or low in the social scale, and the habitual tendency to almost wholly disregard even the more patent laws of health, by those who are not uninformed upon the subject, require that physicians and sanitarists should

be constantly upon the alert and unceasing in their efforts toward the better dissemination of sanitary rules and in encouraging a more practical observance of the same upon the part of those who have charge of the public school buildings and grounds, as well as those to whom the mental training of the children and youth are committed.

The fact that large sums are annually appropriated and expended for the construction of buildings in which to educate those who may, and it is to be hoped will, in the near future, be required to take advantage of the privileges offered, is but one and the more insignificant consideration why the general public should be interested in the manner of this expenditure.

The health of our children is paramount to this and every other consideration, for if this be sacrificed who can estimate the cost? It is not one of dollars and cents, but of physical suffering, it may be to the third and fourth generations. As physicians we must all plead guilty to the charge that we trust too much to medication, overlooking, wholly or in part, the sanitary surroundings, as well as the hygienic rules observed by those committed to our professional care.

Comparatively few of the patrons of our public schools ever enter the threshold of the building where their children spend nearly one-fourth of the time for nine or ten months each year. They know nothing whatever in regard to the sanitary condition of the grounds or buildings, while their children may be breathing noxious vapors and gases, or subjected to other serious influences, which may be slowly yet surely undermining their health or depositing the seeds which will ultimately ripen into premature decay and an early death.

The purpose of this paper is only to hint upon some of the important principles which should be observed, leaving those interested in the subject to supply the details.

The site selected for a school building should be rather isolated, not too closely surrounded by dwellings or other buildings, and distant from factories, ponds of water or any-

thing from which foul gases may arise to pollute the surrounding atmosphere.

In making the selection, good elevation should be an important factor in order to avoid damp walls and cellars by giving proper drainage. The location should be as central as possible, and at the same time meet the requirements of good sanitation. The ground should be kept perfectly dry, even though it be at the trouble and expense of subsoil drainage.

In cities having a general system of sewerage, the sinks and water closets may be connected therewith, provided sufficient care is observed in the construction to prevent any possible evil consequences.

If vaults are used they should be kept thoroughly disinfected and well ventilated. There should be, at least, a ventilating pipe extending to a considerable height in order to prevent a diffusion of the noxious gases with the lower stratum of the surrounding atmosphere. It is too often true that vaults are used about school buildings, year after year, without being disinffected and with no means of ventilation, until the odor becomes so terrible as to render a near approach unbearable and revolting, besides furnishing the hot-bed for the germs of some disease pestilence.

The preference should always be given to dry closets with a ventilating flue connecting with the furnace or hot-air flue, and extending above the highest portion of the building. This should be so arranged that in the absence of fire in the furnace other means may be substituted to give sufficient heat for the necessary draft. If a current of air is kept constantly flowing over the drawers or basins, receiving the sordes, the evaporation will be so great as to leave but a small amount of residuum to be removed, which should be done as often as may be necessary.

The ground should be kept clean and free from all decaying vegetable or animal matter. A well sodded lawn, covered with short grass, should be preserved, as nothing rests the wearied eyes of the student more than to look out upon

Nature's carpet of green. The planting of shade trees should be done with the purpose of giving sufficient protection from the burning rays of the sun; but too much shading should be avoided, as it tends to promote a damp condition of the grounds and buildings and to so increase the humidity of the surrounding atmosphere as to render it unwholesome and injurious, giving rise to catarrhal and other diseases of the respiratory organs, as well as to rheumatic and inflammatory conditions, which, if not dependent upon, are not unfrequently aggravated by such a condition.

The water used should be from the general water supply of the city when practicable, and the supply known to be pure and wholesome. If necessary to depend upon wells great care should be observed in locating the same remote from cess-pools, vaults or any contaminating influences. The character of the subsoil, the depth of the water level and whether covered with sand, slate or rock, are points to be considered in determining the safe distance. If there is a coarse gravel subsoil and other favoring conditions, impurities may reach the well from a distance of one hundred feet or more. The well should be kept securely covered, but ventilated, and lined with brick or curb-stone set in cement to a sufficient depth to prevent contamination by surface water.

Sufficient ground surface should be allowed for the building to prevent the necessity of an elevation of more than three stories. If at all practicable, the preference should be given to two stories, as permitting better ventilation and heating, besides obviating the necessity of climbing to such a height, which is often especially injurious to young girls, or those just developing into womanhood. It should be impressed upon the minds of school girls the great danger to which they are exposed by going rapidly up or down several flights of stairs, as such indiscretion is not an infrequent cause of the various malpositions of the uterus, of acute or chronic cervical metritis and various other diseases peculiar to the sex.

The basement or cellar should be underdrained and well ventilated, whatever the trouble or expense, in order to insure the walls against a damp or mouldy condition, which is liable to prove most pernicious to health.

The rooms should be of sufficient size to prevent the necessity of crowding, as wholesome breathing air is the right of every child and indispensable to a healthy mental and physical condition. Each child should have at least twenty square feet of floor space, or two hundred cubic feet of air space. This, at the minimum estimate of seven cubic feet per minute, as the amount of air contaminated by each child so as to render it unfit for healthy breathing, would necessitate an entire change of air in the room every half hour. Parkes places the amount required for an adult proportionately very much higher; that of fifty cubic feet per minute. This estimate is undoubtedly extravagant, and would necessitate a change of air ten times per hour, which would be more frequent than could be accomplished without producing drafts. With the best practical means of ventilation a complete and entire change of air can be produced five or six times per hour with perfect safety. In view of the benefits to be derived from pure air the cubic space allowed for each student should not be placed at the minimum of what might be sufficient.

There is nothing in school sanitation paramount in importance to heating and ventilation. Uniform temperature and wholesome breathing air are indispensable safeguards to health, especially with the young, who have not yet attained to the maximum of power to resist the various deleterious influences to which adults are often subjected without serious results. The languor and stupor frequently manifested by pupils for which they often receive the stimulus of the rod would be more effectually relieved by the invigorating influence of good ventilation, effecting a more perfect aeration of the blood. If the most perfect system of heating and ventilation could be universally adopted in our schools the cases of nasal, pharyngeal and bronchial catarrh would be less numerous and

the number who annually fall early victims to consumption would be greatly reduced. The ordinary methods of heating by open grates, stoves, hot-air furnaces and steam coils are usually quite inefficient and open to very serious objections, some of which should be enumerated here before discussing the merits of the Ruttan system, which is certainly superior to any other yet invented. With any method of heating by direct radiation alone, it is impossible to secure uniform temperature, besides no provision can be made for proper ventilation. The now quite popular method of steam heating, combining direct and indirect radiation, secures more uniform heat and better ventilation than any of the objectionable methods named, yet it does not meet the full requirements of good sanitation in these particulars, besides, the system is an expensive one, both in original cost and expense of running. There is also the danger from explosion, besides the frequent annoyance of steam in the rooms which has escaped through sand holes in the pipes.

As before stated, the Ruttan system of heating and ventilating is the one possessing superior merit, and the only one yet invented that is worthy of general adoption. The essential principles observed in the system are these: Cold air is received from without and admitted in abundance to the air warmer, which consists of a tubular furnace, giving greater heating surface than any other method of construction in proportion to the amount of fuel used. In this way the large volume of air is warmed, not vitiated by overheating, then rising in the warm air flues, arranged separately for the several rooms, it is conducted to the points desired and entering the rooms through registers placed near the floors, is diffusd throughout the rooms as it rises toward the ceilings, while the cold and impure air escapes through ventilators at or near the bottom of the rooms where it passes under the floors which are warmed by thus utilizing the heat that yet remains. It is then collected and conducted to the foul air shaft through which it rises and escapes into the outer air above the build-

ing. The system provides for the admission of fresh air through the registers whenever the warm air is shut off, so that there is constantly a current of air coming into the room, avoiding the necessity of opening doors or windows. The principal objection urged against the plan is, that the tubular furnace requires the use of bituminous coal or wood as fuel, in order to secure sufficient blaze for the perfect heating of the flues. Barring this point, which can scarcely be considered as an objection, the system has in every way stood the test of comparison when brought in direct competition with stoves, hot-air furnaces and the best steam-heating apparatus in the market.

The proper lighting of school rooms should receive more attention than is usually given the subject, as imperfections in this particular are too frequently an exciting cause in diseases of accommodation, errors of refraction, and other serious lesions of the eye. The space for windows should be about fifteen or twenty per cent. of the floor space and should be arranged at the left of the pupils. If the room is very large it may be necessary to introduce some light from the rear for the accommodation of those occupying seats remote from the row of windows at the left. The windows should be protected with shades that are easily manipulated, permitting the admission of light where necessary to give each student his full quota, besides serving to protect all from the reflected rays of the sun.

Tinted walls should have the preference, the color or shade depending upon the amount of light secured.

It should be incumbent on all teachers to give instruction in regard to individual hygiene, especially such as refers to bathing, diet, exercise, etc. The more practical rules relating to personal cleanliness and physical exercise should be enforced so far as it lies within the power of the teacher and the board of managers. It should be understood by parents and guardians that every child enjoying the privileges of the school will be expected to have that attentiou and care given

to personal cleanliness essential to his own healthful condition as well as the comfort and safety of those associated with him in the class-room.

Such principles of dietetics should be taught as are highly essential to the preservation of healthy digestion, and an active mental condition.

There should be instruction in regard to the necessity of proper mastication, and the evil consequences of rapid eating, a habit too often indulged in by the older as well as the younger students.

The physical exercise of the pupils should be under the supervision of the teacher. It should be systematic, cheerful and of such a character as will prove most conducive to an uniform circulation, and to the development of the entire muscular system: avoiding excessive or violent exercise, which is often quite harmful to those whose physical endurance is rather below the average.

Such measures should be adopted as will prevent the admission of pupils from families in which contagious diseases are prevailing. Care in this particular will often avert very serious consequences.

It should be made the duty of the attending physician to report all such cases to the proper authorities, that the rule may be enforced in every instance.

It will not be regarded as irrelevant, to here refer to the evil consequences liable to result from the pursuance of more studies than the average mind can grasp without overtaxing.

The girls (not the boys,) in many of our schools are overburdened with four or more studies, to which are added music and painting, "*as a pastime*," until, overworked and exhausted, they are compelled to withdraw from school life, to sink into mental and physical decline.

The course of study should be so selected and arranged as to prevent such a wreck of all the possibilities in the life of a student. More time for the course, better attention to sanitation and personal hygiene, will aid materially in effecting greater results, both physical and mental.

THE BENEFICIAL EFFECTS OF SUNLIGHT.

BY J. H. YOUNG, M. D., PHILADELPHIA.

The heart beats on, day after day, sending the bright red stream of blood to every part of the organism, carrying nutriment and life to every tissue of the body.

The machinery of the digestive apparatus is ever faithful to the trust imposed on it, and is working on, supplying to the blood the material which it needs to faithfully perform its allotted task; while the organs composing the sewerage system are ever busy taking from the blood, and casting from the system the ever accumulating effete matter, which if left remain would soon destroy the workings of the body's wondrous structure.

With this constant activity in the circulatory, digestive and sewerage systems, the body is kept in a working condition, and the feelings, thoughts and actions which occupy our every waking moment fully attest to the fact of the activity which is going on in the nervous and muscular systems.

As we contemplate the life of the physical part of our natures, we are inclined to ask where lies the secret spring that keeps this complicated machine in such active motion?

The Bible tells us that God breathed into man the breath of life, and he became a living spirit; and many are satisfied with the belief that it is His power alone, which, after creating, maintains in activity this wonderful piece of mechanism. Truly they are right, but He works through means to accomplish every end, and when we behold an effect in nature we may be always sure that there is a cause lying back, hidden away it may be, and hard to find, yet always there, which will be sufficient to account for the effect beheld.

While we acknowledge His power as the first cause of these physical lives, yet there are intermediate causes which if ceasing to act, would cause these hearts of ours to cease their beatings, and these active forms would become as still and dead as the inorganic particles out of which they were created.

It was not until the Creator brought light out of darkness that chaos ceased to be, and that the remaining five different periods of creation became possible. But for that light which was at first spoken into existence there could be no life, either in the vegetable or animal world. The whole creation is dependent on it for its existence, and if it was to be removed, chaos would return to rule again.

Especially are these bodies of ours dependent on it for their fullest development, and in proportion as we are deprived of it, are we the losers of that bodily vigor which is our due.

It is the vital stimulus on which the blood is dependent for its life, and the power which keeps in motion the many organs whose harmonious action causes to be developed from the smallest embryo the strongest physical man. It is sunlight which makes it possible for man to feel, and think and act, and maintains in active exercise, through many years of toil, the complicated mechanism which goes to form these bodies.

Deprive the body of sunlight and the red corpuscles of the blood become diminished, as well as the albumen, and the blood becomes thin and watery. With this as the starting point, it is easily to be seen how every tissue and organ in the body must become affected.

The red corpuscles are the carriers of oxygen to every part of the organism, and as every change in every tissue of the body is dependent on its presence, either in the nutrition or building process, or the disintegration or tearing down process, we can understand how any diminution in the supply of this oxygen, which would necessarily result if the number of red corpuscles were diminished, would interfere with the nutrition of every tissue, as well as in the performance of their functions.

But the red corpuscles are not only the carriers of oxygen, but it is by means of them that the carbonic acid is gathered up and cast out of the system. Thus if these red corpuscles are diminished, the work of removing the carbonic acid would be imperfectly done, and so some of the poison would remain

to interfere with the proper nourishment of the tissues and workings of the various organs.

Added to all this, a diminution in the albumen, the great organic nutrient element of the blood, we cannot fail to see how every part dependent on it for its nourishment must be starved to death in time, and until that time is reached, how the various organs will be growing weaker and weaker, and in a less fit condition to perform the duties expected of them.

The fibrin too is diminished and there is thus sufficient reason why the blood should become thin and watery.

With the body not properly supplied with oxygen, and the poisonous carbonic acid not perfectly removed, as well as a falling off in albumen on which every tissue is more or less dependent for its nutriment, and a diminution in the fibrin of the blood, can we not see why physical and mental weaknesses and diseases should be the portion of those who are excluded, to any great extent, from the sunlight.

It is strikingly illustrated in the case of those who work in collieries. The lives of such persons are shortened, and they become stunted and deformed. In a certain region in Belgium, three thousand men were partly employed as miners, and partly as field laborers. Among the latter who worked in the light, the proper supply of recruits for the army were abundant; among the former who worked in the dark mines, it was difficult to obtain a recruit, so dwarfed were they.

In England, in former times, boys and girls were employed in mines, the result was the arrest of physical and mental development, puberty was either never attained, or greatly retarded.

Dr. Winslow says, "exclusion of the sunlight induces severe types of chlorosis, and other anæmic conditions, depending on an impoverished and disordered state of the blood, the face assumes a death-like paleness, membranes of eyes become bloodless, skin shrunken and turned into a white, greasy waxy color. There are emaciation, muscular debility, and

degeneration, œdematous conditions, dropsical effusion, softening of bones, general nervous excitability, morbid irritability of heart, loss of appetite, tendency to syncope and hæmorrhage, consumption, physical deformity, stunted growth, mental impairment and imbecility, coupled with premature old age.

The offspring of those so unhappily situated are often deformed, weak and puny, and are disposed to scrofulous affections."

We have but to look into the pale faces of bakers and compositors, whose duties keep them employed at night, and who spend their days in sleeping in darkened rooms, to see the baneful effects of being deprived of sunlight.

Contrast country children with their robust forms, rosy-cheeked, and happy faces, with the pallid, sickly, melancholy expression of boys and girls in manufacturing towns pursuing their vocation in darkened rooms.

Behold the delicate, sickly children, who are confined so much of the time within houses from which every ray of sunlight is shut out, for fear of spoiling furniture or carpets. Compare them when they leave these darkened houses for a sojourn for the summer in the country, with their condition when they return after spending several months, where they have been out of doors most of the time, and see how much improved in health they are.

But we need not look to others to discover evidences of the injurious effects of the absence of sunlight. We all know from personal experience how depressing is the influence of dark and cloudy weather, when for a number of days we see not a ray of sunshine, how there seems to come a longing for those bright and sunny days, which, when they come, act as a mighty power to revive and cheer us. We feel as if a heavy load had been lifted from us, as if we could breathe freer. The heart seems to beat quicker, and the limbs are stronger to do the bidding of the brightened and revived spirits, which tell of a more active condition of the brain and nervous system.

Yes, sunlight is the vital stimulus of these bodies, and without it, depression, disease and death will surely follow.

Humboldt, in his travels in America, spoke of the perfect physique and absence of deformities among the Caribs, Mexicans and Peruvians, and ascribed it to the fact that their bodies were almost constantly submitted to the light and air.

If it is so important for the growth and development of these bodies, and for their maintenance in a state of health, how much more important must it be in assisting nature to overcome the disease, which, having seized the body, has it prostrated, and in so many instances comes out of the struggle as conqueror.

Florence Nightingale, who did so much in the Crimean war for sick soldiers, says: "I rank light next to fresh air in importance in preventing disease and curing the sick."

Sir James Wylie, of the Imperial Russian Service, says, "that in the barracks of a military camp he was connected with, there were three cases of disease on the shady side to one on the sunny side of the place."

Dr. Faucalt mentions an asylum for girls with chronic diseases, who received little benefit from the treatment until the trees which shaded the building were cut down, when scrofulous affections which had prevailed so long ceased.

Baron Dupuytren, the eminent French surgeon, relates the case of a rich lady in Paris, who had been under the care of most eminent physicians, but all their remedies failed till they removed her to a house where the sun could shine with a flood of light into her room, when she soon recovered.

In the years of cholera, when this frightful disease nearly decimated the population of some of the principal cities of the world, it was invariably found that the deaths were more numerous in narrow streets and northern exposures, where the salutary beams of light had seldom shed their beneficial influence.

Sunlight is not expensive, the poorest can afford it, and if we, as physicians, would use it more freely in our prescriptions, the babies would grow up to be healthier boys and girls; the boys and girls would make stronger men and women.

In our cases of acute disease, with the exception of a very few where sunlight is absolutely injurious, we would be far more successful if we would have them placed in the brightest, instead of the darkest room in the house. In the many chronic cases who are really dying for want of sunlight, we would see them cured, and restored to the active walks of life again.

In order to derive the greatest benefit from the sunlight, have the whole body, void of clothing, exposed to its bright rays for a certain time each day, and if this is impossible, have on as little clothing as circumstances will allow.

SOME OF THE SANITARY CONDITIONS THAT SURROUND OUR HOMES.

BY THE CHESTER, DELAWARE AND MONTGOMERY COUNTIES' SOCIETY.*

There is perhaps no subject of greater importance to our health and happiness, nor one that has been more generally neglected than the sanitary conditions in and around the houses we live and die in, unless indeed it is the houses we rent to our neighbors, and this applies with no greater force to those living in the city and village than to those in the country.

The scientist, the mechanic, the tradesman and the farmer, the rich as well as the poor, are all, and in almost the same degree, neglectful of its importance.

In the days of our grandfathers, when every house had its open fire-place, constructed so as to burn the largest possible back-log, when the joists and floors above formed the ceiling of the room below, when the bedroom for the boys was in the roof, with the bare rafters and shingles above and the snow around them in the morning when they awoke; when the pump was around the corner in the yard where the family went to perform their ablutions, and the privy at the lower end of the yard; when the grounds around the house were large and new, down to a much more recent time when the

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*Prepared by R. P. Mercer, M. D.

property had descended to our fathers, the question for thought was, not how they should get more and better air to breathe — there had always been such a plentiful supply of it — but the study now was, how best to get rid of what they had, how to economize the heat, decrease the labors and increase the comfort of the family. Wood was becoming scarce and high in price, and coal stoves had supplanted the open fire-place; water had been brought into the kitchen, and the waste from the sink dropped outside the door and allowed to run away into the gutter below, or more often, soak into the ground as it crossed the yard; the house was made tight and warm; the privy brought up near to the back door, and greater convenience secured.

Thus the spirit of progress, improvement and culture, coming to us with the property, we have gone on with their good work and made our houses not only more comfortable and convenient, but more elegant.

We have taken the heater into the cellar, carried the water into the bed-chamber, brought the water-closet into the bath-room, and turned the waste into the sewer; but too often have we taken the air into our heaters direct from the cellar, where it has become vitiated by exhalations from the surrounding earth, filled to overflowing with the drainage of scores of years, from the sink and privy well at the back door; and the drains from the kitchen, bath-room and wash-stands are allowed to belch forth their foul and destructive gases into our living-rooms and bed-chambers until we are forced to ask in wonder, what it is does ail us? Why we are, with all these appliances for our comfort, convenience and luxury, such puny, miserable, sickly creatures as we are? And now that the question has been asked, may the cause be as earnestly sought for and the remedy will doublessly be applied. Then we may begin to enjoy, as we should enjoy, those comforts and luxuries we have been so many years preparing for ourselves.

Location is the first and most important thing to be looked after when we choose a home, and should be selected with great care and a thorough knowledge of what is required to secure health and comfort. This is a matter not so easily

controlled in the cities and towns as in the country, but for obvious reasons demands even greater attention.

The soil and subsoil should be carefully examined and the amount of organic, mineral and other matter therein, noted; the depth as well as the rise and fall of the ground water, and the amount and character of the ground air ascertained, so that a correct knowledge of the natural drainage may be obtained, that we may secure by artificial means a more perfect drainage and ventilation of the surrounding grounds.

Of all the dangers to health which may surround human habitations, there is none which more insidiously undermines health than a saturated surface or subsoil. Fador considers the temperature of the air, the ground temperature, the action of the winds, rainfall, barometric pressure, and level of the ground water, to be all influential in causing movements of the ground air and consequent relative changes in its constituents. The subterranean atmosphere thus existing in many loose soils is in continual movement, especially when the soils are dry. The chief cause of movement being the diurnal change of heat in the soil and the fall of rain, which rapidly displaces the air from the superficial layers, and, at a later date, by raising the level of the ground water, will slowly throw out large quantities of air from the soil.

The hardest rocks alone are perfectly free from air and water. So the Scripture saying of "the wise man who built his house upon the rock," is as true in a literal as a spiritual sense, and his is the house that will not only stand against the winds and storms that blow and beat upon it, but it will also be freest from noxious exhalations from below.

Stony or gravelly soils afford the best natural drainage and are the next most desirable for habitations. Sandy soils are generally healthful, as they have free drainage, but should be avoided when they are saturated with water or organic matter, or when underlain by impervious strata, forming basins in which water is retained. Clayey soils are undesirable. They are cold, wet and impervious; and the same may

be said of loamy soils, especially if they consist largely of clay. Mud soils are generally confined to low grounds and are essentially marsh soils. They consist of loams and clay saturated with water and highly impregnated with decaying vegetable matter, which sometimes makes up the greater portion of the soil itself, but soils of this character, or made soils as they are sometimes called, are frequently met with in the more elevated districts, where from the appearance of the surrounding surface, they would hardly be expected to exist. They are found in more or less extensive patches or strips, once a swamp or estuary, now filled in with mud and sand and organic matter, the wash and accumulation of ages perhaps, or it may be but a generation, it makes little difference which, they are to be avoided. However dry such a locality may appear on the surface, or however favorably it may compare with the surrounding ground, when dug into for a cellar it will afford a breathing place, and the malarious exhalations, imperceptible as they may be, will be continually thrown off from the murky subsoil into the house, and the inmates compelled to suffer from its poisonous effects. This is a more prolific source of such troubles than a mile of open marsh before the door.

I have in mind more than one locality in this city where whole blocks of houses are built on just such ground, and where such conditions exist. Although the surface soil is dry, sandy and well elevated above tide-water, the subsoil is black mud or loam, heavily charged with vegetable matter. The cellars are dry, the well water clear and free from taste or smell, and from a superficial observation they would probably be pronounced desirable localities, yet malarial fevers abound to such an extent that the whole district may be traced by their prevalence, while on either side they are rarely met with, and this is even more markedly the case in the winter season, when the houses are closed and the fires started, than during the rest of the year, showing conclusively that the infection comes from beneath through the cellars.

The growth of our cities, however, is so rapid, that extensive tracts of this character of soil become unavoidably occupied. Complete drainage at the outset, in connection with thoroughly cemented and grouted cellar walls and floors, will serve in a great measure as a means of preventing the trouble.

But there is yet another and even more dangerous source of infection that surrounds many of our homes in the older parts of town and country. Built on ground, porous and absorbent, underlain by an impervious subsoil, it has become filled with the waste, for generation after generation, from the cess pools and sinks—and, as we often see in country places, the pig-sty and cow-yard in addition thereto—which excrementitious matter it holds in its hungry maw, or more likely changes it into what we as yet know not, until the next rainfall washes it out, and the sun warms it into (infernal) life, and it goes forth to find whom it may devour; or it finds its way by a more easy transit into that breathing hole, the cellar, and thence throughout the house. In winter, when the surface of the ground is frozen and the heater fire is drawing its supply of air from cellar direct, as is the case in a great majority of instances, and distributing it, loaded as it is with this nameless poison, through the house, it becomes a most fruitful source of disease. With these conditions existing to such an extent everywhere around us, it is no wonder that paroxysmal, bilious and enteric fevers are so prevalent, or that scarlet fever and diphtheria commit such fearful havoc.

To prevent the ascent of ground air into the house is therefore a sanitary point of the utmost importance, and it devolves upon us as physicians and conservators of the public health, to awake to a fuller realization of the work before us.

DISCUSSION.

Dr. Cooper: I consider the paper of Dr. Parsons a very appropriate and timely one. As a general thing our schoolrooms are not properly ventilated, and the amount of air space given to the pupils is entirely too small.

I did not notice whether Dr. Parsons made mention of the point from which the supply of fresh air should be taken.

In looking up this subject when considering the matter of ventilating our hospital, we found that in nearly all buildings the air supply was drawn from near the ground. The best method that I found was in the new part of Guy's Hospital in London, where the supply is taken from a high point. In our building the supply is taken from points at the tops of the first and second floors. The heavier gases are drawn in when the supply is taken near the ground and they are not so pure.

Window ventilation is not a good method, as it causes some occupants of a room to be exposed to a draft, and those sitting near the windows are liable to take harm.

Dr. Guernsey: I have been much gratified by listening to Dr. Parsons' paper. It has been my fortune for some time past to be a school director, and we have had a great deal of trouble in ventilating the school rooms. With the meagre allowance of funds at our disposal, we could not introduce any elaborate system of ventilation, and adopted the plan of introducing a board, about four inches wide, at the bottom of the lower sash, thus allowing a current of fresh air to enter in the space between the two sashes at the of middle the window, and, as this current is directed upward, no harm can come to those sitting beneath it. In many of the rooms the desks were so placed that the pupils sat facing the light, and it was with the greatest difficulty that we could have the necessary changes made.

I saw an article in a recent journal in which a physician took the ground that no girl should attend school while menstruating, as the emanations from her would poison the air all around.

Dr. Van Artsdalen: There is a patented contrivance, known as Rand's Sewer Gas Cremator, that seems to fulfill the indications better than anything I have seen. The waste pipe from each wash-stand, sink, etc., is trapped, before enter-

ing the main soil pipe. This soil pipe extends above the roof, and at its lower extremity is trapped before entering the street sewer. At a point just inside of this trap, a pipe is inserted which leads to the kitchen range or fire-place, where it is inserted into a retort or hollow iron chamber, which forms part of the lining of the range or fire-place. Another pipe leads off from this retort and passes up the flue, reaching to the outer air, above the top of the chimney. When heat is applied to the retort, the air contained therein is driven off through the pipe that runs up the chimney flue; this creates a vacuum and air is drawn from the lower part of the soil pipe to fill it; this is replaced by fresh air drawn down the soil pipe from the roof, thus getting rid entirely of all dead air in the pipes. By passing through the heated chamber, the foul air is heated to a high temperature, thus effectually destroying all contagious germs.

Dr. Burgher: I think we ought to call the attention of school authorities and architects to the ventilation of school houses and public buildings. I have been on a school board for some years and have great difficulty in having anything done toward ventilation.

Children confined in a close room suffer from headaches and become stupid, and are not able to study, while in well ventilated apartments this is not the case. The plan of ventilation mentioned by Dr. Guernsey is a good one; our old hospital building was ventilated in that way. In this structure we have direct and indirect heat similar to the plan of Dr. Parsons. We have a ventilating shaft eighty feet high, with the smoke stack in the center of it, and a large space surrounding the stack for giving exit to the foul air. Flues from the various rooms communicate with this space, so that there is a constant current from the rooms toward the ventilating shaft.

Dr. Parsons: I was about to remark that some two years ago we had an epidemic of diphtheria in Meadville, and it was remarkable that in one school room, with a capacity for eighty scholars, there were twelve deaths.

I called the attention of the school board to the ventilation of the rooms, and they introduced the Ruttan system. This is so arranged that there is a constant supply of fresh air and it cannot be shut off. The current of heated air may be shut off, but the act of doing so opens the cold air flue and that comes. It can be so arranged that both hot and cold air can flow in at the same time. We have had both systems of heating in competition, side by side, and it was found that the steam apparatus cost two hundred dollars more last winter than the other and the rooms were not so well ventilated.

REPORT OF THE BUREAU OF SURGERY.

In the absence of the Chairman of the Bureau of Surgery, Dr. C. M. Thomas presented the following papers, which were accepted and referred to the Publishing Committee:

Hereditary Syphilis, by the Philadelphia County Society.

Excision of the Tibia and Fracture of the Fibula for Deformity of the Leg, by L. H. Willard, M. D.

Surgical Cases, by W. R. Childs, M. D.

Hernia, by W. A. Hassler, M. D.

Treatment of Internal Hæmorrhoids, by C. M. Thomas, M. D.

HEREDITARY SYPHILIS.

BY THE PHILADELPHIA COUNTY SOCIETY.*

Clinical History and Prognosis.—To obtain a clear idea of inherited syphilis its effects ought to be studied like the proving of a drug, which it somewhat resembles, affecting, in its characteristic way, every function and tissue of the body. The principal symptoms in a single individual may vary; yet comparing a number of cases at a time, taken as a whole a more or less complete picture of the disease may be obtained. I consider it out of place in this paper to serve up

*This paper was prepared by a committee consisting of Drs. P. O. B. Gause, W. T. Maguire, M. Macfarlan, W. B. Van Lennep, and J. E. James.

well-known facts which every text-book contains, and shall limit myself to recording personal experience, serving the main uses of a society. The physician who has been in practice some years, and has treated either one or both parents for syphilis before and after marriage or at the time of conception, visiting in the families of such persons continuously, and having a number of these cases, is in a position to record with some advantage what forms of the disease are usually met with in general practice. For this purpose I have gone over my records for fifteen years past, and present herewith, in a general and brief way, such deductions as may be fairly drawn from cases where one or both of the parents at the time of conception had been known to be affected with syphilis.

Many or most of the infants developed during their first year persistent lesions of the skin and mucous membrane, as if blistered in spots sometimes, often difficult to classify and exceedingly hard to cure. Skin in general dry, unhealthy and brown in tint, easily abraded, disposition to the formation of scales and crusts on raw surface, which presented a rather bluish red appearance. These syphiloderms have had a resemblance to the varieties of eczema and correspond to the secondary symptoms seen in the adult. I have succeeded best in their cure with such potentized medicines as nitric acid, mercury, tar, petroleum, sulphur and iodine, given according to their well-known indications.

Two cases of very severe and long-lasting milk crust, eczema crustaceum, were clearly traced to parental syphilis. Skin symptoms were the most constant conditions met with. Sleeplessness is prominent during the existence of all the characteristic symptoms, is difficult to control, and aggravated by domestic sleeping remedies. The child cries constantly, the nurse or mother is worn out, and real relief comes only as the child is being cured. The mental faculties are not up to the average, brain is smaller, the child is dull, stupid, peevish and fretful. After cessation of skin symptoms, hydrocephalus has supervened. This twice came under my observation. I am

not in possession of sufficient experience nor facts to enable me to write with certainty of the relation between tubercular meningitis and this disease, but believe it exists. The connection between certain definite nervous disorders is recognized in a general way, but its specific effects on the nervous system have not been thoroughly investigated, as far as I know. Interstitial keratitis is the most common affection of the eye, and often occurs after the second dentition. I have treated a number of such cases, where there was no doubt as to the cause, as the parent at time of birth had been under my care for syphilis. Attacks are liable to frequent recurrence. I have at this moment under my charge a girl of twelve, who has had during the past four years, three separate attacks, compelling her to remain in a darkened room for weeks. Iodide of mercury has given her most relief. I treated both parents at the time of her birth for syphilis. The mother of this child lost her soft palate and nasal septum about the time I began to attend her. When the child was born its skin appeared clear, but within a few months developed a syphilitic eruption, which lasted a year or two. Her teeth are defective and characteristic.

In looking over the list of names of children I have attended and whose parents I know had the disease at the time of their conception, I think of but one whose hearing is affected. This child had a stubborn eczema, which I attributed to syphilitic inheritance. There is often a slight discharge from the ear, and it is likely that in many cases acuteness of hearing is diminished. The state of the nose is highly characteristic, and in nearly every instance is stuffed up or the patient troubled with obstinate sniffles; the discharge is free and often offensive. There is a strong tendency at this time to bronchitis, for which I have great confidence in lycopodium or iodine. Ozæna as seen in the youth or adult is sometimes a sequel of this. Destruction of the whole nose in a child never occurred in my practice but once, and that was in the case of a boy, aged seven, whose syphilitic parents, apparently well, moved West. The baby, from being delicate at first, improved,

persistent ulceration of the septum took place later, and when the child was brought to the city and placed under my care the nasal bones were already destroyed, and soon every vestige of a nose disappeared. His diseased condition seemed to be cured by stillingia followed by phytolacca. I have since found that artemisia vulgaris has acted quickly in curing long lasting obstructed nasal passages from this cause. There is a strong disposition in such children to have bronchitis in early infancy, and many die from it. Later on croupy symptoms, diphtheritic sore throat and tonsillitis may be developed. As far as I know the relation between definite nervous disorders and this disease has never been thoroughly investigated, although it is recognized in a general way. I have a strong suspicion, without sufficient experience, that the disease in question has relation in some cases to tubercular meningitis. It is remembered that most syphilitic children, coming into the world with an eruption, are born dead, and that in the living, the skin, and then the nose and chest symptoms develop later in the order named.

The teeth, commonly the central incisors, are unevenly set, crowded, with irregular cutting edges, notched and pointed, having indented transverse lines on their anterior surfaces, where they sometimes break off. This is now a matter of common observation, and was first pointed out by Jonathan Hutchinson. Corrosive mercury and creosote are of service in this condition when early recognized.

The appetite, digestion and assimilation of food are defective, abdomen large and spleen hypertrophied. The anus, scrotum and groin are often the seat of scaly, bluish abrasions; mucous tubercles are seen about the pudenda, and raw mucous patches visible on the exposed rectum. The stool is light colored, indicating diminished biliary secretion, and should the child escape its early troubles, tuberculous disease in its various forms is liable to supervene. The glands of the neck in older children are likely to enlarge and suppurate, the whole lymphatic system may become affected in attempting to

eliminate the poison, and eventually the bones become diseased. The spine is disposed to curvature, and Pott's disease, rickets and enlargement of the long bones noticed, as well as hip-joint disease. I do not wish to convey a wrong impression, none of the conditions may be evident because the inherent vitality of the child and treatment may, and usually do, overcome them. We see that every day, but we also notice the far-reaching and terrible effects of syphilis. The experience of most men runs in strange grooves, and so it has become my duty to often remove a toe or finger greatly enlarged, diseased and useless from a gummatous growth, the parent in some cases having been under my care for specific disease. In fact, as experience widens, transmitted or inherited syphilis is seen to be the cause of a vast number, probably the majority, of the diseases of mankind classed as constitutional.

The Transmission of Syphilis.—There is perhaps no problem that has so long and so completely puzzled the medical world as the question of the ætiology of hereditary syphilis. It has been made the subject of endless and untiring research, of strife and contention of the bitterest kind, and of theories and hypotheses innumerable. And, after all this, to-day we may be said to be practically as ignorant concerning certain phases of the question as we were a hundred years ago. Here too, as in everything else, history has again and again repeated itself, and theories and so-called laws have been brought forward, fought over, and laid aside for others, which in turn have given place to their predecessors with succeeding generations of syphilographers.

The subject received a new impetus about nine years ago from a most able and careful paper by Kassowitz of Vienna, (*Med. Jahrbucher*, 1875). Although the inferences he has drawn and the exact laws he has attempted to lay down, have been, in a measure, and may be entirely, shown to be false, his work will nevertheless always be classical and has done much to advance our knowledge of the transmission of syphilis by the very opposition it has excited.

I think I can approach this subject in no better manner than by briefly detailing a case I had the good fortune to watch for nearly a year in the wards of Professor Neumann in the Allgemeines Krankenhaus, Vienna, since published in the *Wiener Med. Blatter*, Nos. 18 and 19, May 3d and 10th, 1883.

A woman, aged fifty-two years, was admitted August 28th, 1882, with an initial sclerosis of the lower lip, indolent swelling of the lymphatic glands, and a macular syphilide; in short, with a syphilis about three months old. She stated that she had a grandchild with ulcers of the mouth, and that, in the mother's absence, she was wont to fondle and kiss the babe, and allow it to suckle her lip to keep it quiet.

On October 4th the daughter was admitted with an eight months' boy, born at term and presenting, it was said, for six months, *i. e.*, since April, eruptive symptoms. The child was atrophic and had a marked coryza; on the head were masses of dirty brown scales; on the forehead, numerous copper-colored papules; the eyelashes and eyebrows were wanting entirely, while the lids were œdematous and the conjunctivæ swollen, red, and discharging freely; there was a psoriasis palmaris, papules on the dorsum of the hand, condylomata and ulcers ad nates, and small white cicatrices on the trunk; the lymphatic glands and the ends of the long bones were enlarged; lastly, the infant improved markedly under a mercurial treatment.

The mother presented an anæmic appearance, but not the slightest symptom of syphilis present or past: neither enlarged gland, scar, pigment, nor osseous node, although I had abundant opportunity for carefully examining her from head to foot, and seeing her examined by eminent specialists until the end of August, 1883, when I left Vienna. Her own statements corroborated the examination; she denied ever having had a suspicious symptom. She stated further that she had had relations with two men; from the first, she had two healthy children in 1871 and 1872; from the second in December, 1880, an eight-months' boy, who died when eight days old and pre-

sented an eruption similar to that of our little patient born in March, 1883.

The following experiments were then tried:—

October 6th, the cauterisatio provocatoria (Tarnowski), *i. e.* the application of Ricord's paste to the side of the chest; result: separation of the slough and normal healing process without infiltration of the edges.

October 11th and 30th, and November 11th and 12th, sixteen inoculations from papules, mucous patches, and chancres (initial scleroses). No result.

December 21st and January 19th, four inoculations with pus of typical soft chancres (ulcera venerea contagiosa). Result: Two days later, typical ulcers with soft bases, abundant suppuration, painful swelling of the axillary glands, healing with a soft cicatrix, and rapid absorption of the axillary infiltration. The case was published in May, I saw her until August and not a suspicious symptom had developed until that time.

Here then was a mother, apparently healthy, who nursed her syphilitic child without becoming infected (Colles' Law) and was proof against inoculation with the poison from others. The grandmother, on the other hand, became readily infected from the babe.

This is hence an important and unique case, the only similar one being that of Caspary (*Vierteljahresschrift f. Dermat. u. Syph.*, 1875, 4 Heft). He had under his care a woman apparently healthy (and that after careful examinations), whose husband was suffering from a late form of lues; she was delivered at term of a macerated syphilitic fœtus and was subsequently inoculated four times from condylomata lata of a person in full secondary syphilis without result.

Let us now leave these two cases for the present, to return to them later on, and consider briefly some of the questions which must be answered in treating of this subject.

1. Given both parents with active secondary syphilis; what will be the effect on the offspring?

This, I think, hardly requires any discussion; the child will almost necessarily have syphilis. At first the ova may

be thrown off; then may follow miscarriages with dead, macerated fœtuses; later, children affected with hereditary lues and finally, perhaps, an offspring either healthy or developing a late syphilis (syphilis hereditaria tarda). The disease undoubtedly has this tendency to wear itself out, *e. g.*, a case of Diday's, in which the first child died in utero, and, with improvement in each successive pregnancy, the seventh was born healthy. On the other hand, treatment has a marked effect, as in an instance given by Thurman, where seven syphilitic children were followed by two who were healthy, in consequence of the administration of mercury during pregnancy; the tenth, treatment having been abandoned, showed symptoms of the disease, while the eleventh, after a renewal of the same, was born healthy (Keyes). Further, there are anomalies only explicable on the supposition that conception took place during a lull in the disease, this being especially true if but one parent is affected, when there may be alternation of healthy and affected children (Zeissl and others). Again, such as would lead us to infer that the disease had run itself out in a longer or shorter space of time, at least so far as regards its transmissibility, for there are many cases of tertiary forms developing after the birth of a healthy child. Lastly, we meet with some instances where no explanation can be given, and where we must attribute the result to one of those freaks to which this subtle affection is given in its acquired as well as in its hereditary form. Boeck has, for example, given us four cases where both parents were in full syphilis and the children undeniably healthy, while Hutchinson is authority for one where, of twins, one was healthy and the other diseased.

I mention such variations early and at some length in order that we may have them impressed on our minds and carry them with us as we go deeper into the mire.

2. Given a syphilitic mother and a healthy father, what will be the effect on the offspring? Here, too, we can answer as positively as before, always making the same exceptions and allowing for the same anomalies, only more so. There

are those who, as we shall see, would lay the whole blame of the transmission on the mother, and others who divide it between both parents, insisting, however, with one exception (Cazenave), that the mother has by far the greater influence. This, too, with good reason, for she not only transmits the disease per ovum, but the fœtus is in very intimate relationship with her organism, throughout the whole period of intrauterine life.

To convince ourselves of the ability of the mother to transmit the disease, we have but to call to mind the long list of instances where a syphilitic woman, who has given the disease to her children, becomes a widow, remarries, and still bears offspring with the same lesions from a healthy man. Further, there are nurses, the wives of healthy men, with healthy children, who, becoming infected from a suckling, transmit the poison in future pregnancies. Such cases are quoted by Jullien and Diday from Vassal, Lallemand, Bertherand, Bardinet, Cazenave, Bergeret, and others.

3. Given healthy parents at the moment of conception, if the mother acquire syphilis before term, will the child escape? If not, how early must such a syphilis be acquired in order to be transmitted? This infectio intra-uterum [Kassowitz] (the post conceptional humoral of Augerius Ferrerius and Vajda) is a much disputed point, because on it hinges the question as to whether the transmission is only through the ovule, or whether there is a communication at least from mother to child by means of the blood. Kassowitz laid down as one of his laws (die Vererbung der Syphilis, Vienna, 1876, p. 53), that such could not be the case, insisting that the only mode of transmission is through the ovule or semen, and that the virus cannot pass through the placenta in either direction. He claims the blood corpuscles and pus cells alone contain the virus, and bases his arguments on experiments of Pellizari, whose inoculations with fresh blood succeeded, while those with the serum of coagulated blood failed. We must remember that blood inoculations often fail, and that the experi-

ments and observations of Klebs and Cutter tend to show that the parasite to which the causation of the disease is thought to be due is not only seen in the corpuscles, but also in the plasma. He brings forward, on the other hand, Bollinger's (Munich) observations, with the bacilli of anthrax, which, though detected in the blood of the parent, could not be found in that of the offspring, which show, beside, no immunity to infection.—(Kassowitz, *Wiener Med. Blatter*, 1880, Nos. 2, 3 and 4.) Caspary, however, injected cinnabar into a pregnant rabbit, and found particles had gone through the placenta; Spitz was able to discover the same spirilla in the fœtus as in the mother, where the latter had relapsing fever; the child presented characteristic lesions too. (Zeissl, Lehrbuch der Syphilis, 1883). Besides, there are well authenticated cases of the transmission of variola from mother to child, notably that of Mauriceau, an obstetrician of the seventeenth century. But this is theorizing. Kassowitz has published cases and quotes from Bertin, Rosen, Oewre, Lewin, and especially Baerensprung in support of his theory, but the reports have been shown to be incomplete, and when compared with some of the very careful observations since made known, are certainly of inferior worth. Besides he has the hard side of the question to support, his testimony being negative and the other positive. The great mass of authors, too, tend to favor the idea of such a mode of infection, and the evidence is abundant.

Diday (Wood's Library edition, 1883,) quotes a number from Storck, Gilbert, Depaul, Bertin (3), Dubois, Beaumes, Bouchut and one of his own, with the infection at the end of the seventh month. He says he has seen many more. Then there are those of Meries, infection in the fourth month; of Dœpp, fifth month; Chabalier's, coitus at end of seventh month, and chancre in the ninth, after thirty-eight days' incubation (Vajda, *Wiener Med. Wochenschrift*, 1880, Nos. 30, 31 and 32). Behrend's two are in the sixth month and after the middle of pregnancy as nearly as he can judge (*Berliner Klin. Wochenschrift*, 1881, Nos. 8 and 9). In Lesser's case

there was infection in second month, initial lesion in the seventh, and a child with pemphigus syphiliticus palmaris et plantaris, which points conclusively to hereditary syphilis (Zeissl, *Allg. Med. Zeitung*, 1879, No. 11). Frank has one in the sixth month (*Wiener Mediz. Presse*, 1880, p. 1207). Engel, one in the third (*Amer. Jour. Obstet.*, Oct. '82). Vajda reported a carefully watched instance with examination previous to infection. A woman infected in the seventh month; initial lesion in the ninth; syphilis of child seven weeks after birth: papules, pustules and ozæna (l. c., p. 867). Lastly Zeissl published a similar one, very accurately described and critically watched: infection in the seventh month; initial lesion three weeks later; child develops symptoms eleven days after birth (*Allg. Med. Zeitung*. Wien, 1879, Nos. 50 and 51).

To my mind the strongest case in favor of Kassowitz's theory, and one that cannot be very well explained, is one of Dr. Arning's of Breslau (*Vierteljahresschrift f. Dermat. u. Syph.*, 1883, 1 Heft). Infection of the wife from the husband in the fourth month of pregnancy; apparently healthy child, which acquires from rhagades on the nipple a sclerosis of the upper lip; papular syphilides and mucous patches follow; later a periostitis; the child finally died, and the autopsy and microscopic examination showed no lesions of inherited syphilis. Besides being a case for Kassowitz, this throws a damper on the so-called law of Profeta, on which so much stress is laid by Jullien (Maladies Veneriennes, Paris, 1879). It is the converse of that of Colles, and says the child of a syphilitic mother will be proof against the poison.

Hence, in view of these apparently conflicting cases, we must lean to the stronger side and consider that an intra-uterine infection is possible, nay, in most cases, probable, although not absolutely certain. Again, as to the period at which infection must take place to endanger the fœtus, we should say that it must be at the latest in the eighth month.

4. Given a syphilitic father and a mother healthy at the time of conception, what will be the effect (*a*) on the offspring? (*b*) on the mother?

This involves some very difficult questions and is full of conflicting theories, and facts variously explained in support of them.

First, we have a view set forth originally by a small school of French authors, headed by Vassal, *i. e.*, that the father can transmit his syphilis only by first infecting the mother, hence if the woman be healthy the offspring must be healthy. This was taken up by Cullerier and Mireur, and has been warmly upheld by one after another until its advocates are now by no means the exception. Among these may be mentioned Sturgis, who quotes from Cullerier (2 cases), Notta (8), Charrier (4), Mireur (1), Parry (2), Langlebert (2), (Diday l. c. notes by Sturgis, pp. 19–23); these are all instances, where, in spite of apparent syphilis of the father, the mother and child remained healthy. Oewre adds to these, forty-two fathers and eighty-nine children, the mothers being healthy; Thompson, seventy-two children; Keyes, seven (Keyes' Venereal Diseases, Wood's Library edition, p. 70, 1880); Wolff, eleven (Zur Frage der Paternen Infection bei Hereditaren Syphilis, Strassburg, 1879); Grunfeld, one; Zeissl, one (l. c. p. 638); Jullien (l. c. pp. 997–8), stoutly upholds this view and adduces some of the above records.

In accepting this evidence, which we would not for a moment deny, we must take into consideration and make allowance for the influence of treatment, the possibility of latency, and the duration of the disease. Unfortunately, in all the cases cited, one or more of these factors is wanting. Everyone will grant that the paternal influence is less marked than the maternal, as could be *a priori* inferred, but that it is *nil* we are unwilling to concede. Fournier mentions in his notes (Syphilis et Marriage, Paris, 1880, pp. 231–42,) eighty-seven men energetically treated, who were the fathers of one hundred and fifty-six healthy children, their wives remaining healthy; of these men, thirty-five subsequently presented undoubted symptoms of lues, some of which were fatal. Yet, this greatest of French authorities, does not, for a moment, doubt the paternal influence.

The two strongest arguments in favor of this theory are the classical cases of Langlebert and Charrier, universally quoted, and I must confess they are hard to explain. In the former a man begets a healthy, robust boy, and two years later, infects him from an erosion on his lower lip. Had this man been treated, and did he have manifestations of syphilis at the time this child was conceived.

In the latter, a man has by his wife three syphilitic children; she is infected and shows symptons of syphilis; the third child was born at term and is diseased. His mistress however, who has never shown any suspicious symptoms, presents him, within two weeks of the birth of the last legitimate offspring, with a healthy child. This infant, as well as his own, has a peculiar conformation of the thumbs hereditary in his family. Had this mistress been already impregnated by this man? If so, according to Darwin's observations on the lower animals, and the every day occurrence of characteristics of a former husband in the offspring of a subsequent one, we may be allowed, inasmuch as she was his mistress, to suppose the possibility of the child being another's. Again, he had syphilis when the first child was conceived, he infected his wife, and she showed symptoms during the last pregnancy; had he been treated, was the poison active, or may it not have exhausted itself? If so his semen was healthy in both instances.

There is another case from Mireur, I believe, where the tables are turned, *i. e.*, a syphilitic mistress and a healthy mother, with children accordingly, but I have not the notes at my disposal.

Lastly we have an overwhelming mass of evidence going to prove that the mother may remain to all appearances healthy while the offspring show inherited lues. These we will cite when speaking of the question of maternal infection from the fœtus. They are mostly those of Kassowitz, but almost every author has contributed his share; thus, Diday has twenty-six, and mentions those from Swediaur, Bertin, Depaul, Bertrand, Haase, Guerard, and Boehr [l. c., pp. 12–

14]; Keyes gives a doubtful one of his own, but cites others from Taylor, Hyde, Caspary, Van Harlingen and Keyfel (43) [l. c., p. 70], etc., etc.

Here then is evidence and the vast majority of authority to show that syphilis can be directly transmitted by the father to his offspring. The influence is, however, as already stated, less potent and the exceptions frequent. Treatment, latency, duration and anomalies come in here, too, with full force; yet even when the disease is latent, or before the outbreak of constitutional symptoms there is authority to show that it can be transmitted (Cederschjold, Troncin, Bassereau, Campbell).

Secondly, we have seen that the syphilitic virus may pass to the offspring through the semen, and reasoning by analogy, through the ovum also, as well as from the mother's blood into the placentar circulation. These conclusions are further borne out by the transmission on the one hand of epilepsy, insanity, tuberculosis, etc., and on the other, of variola and other poisons and substances already mentioned. It remains to be proved whether this virus can pass from the fœtus to the mother, and whether, after nourishing in utero for months a diseased organism, the maternal system will not be itself affected. This so called "choc en retour" of Diday has been variously explained; most of its supporters believe it to be dependent on the fœtus, and this would seem to be the rational conclusion; others again would attribute it to the influence of the semen, and that only when conception takes place (Baerensprung, die Hered. Syphilis, Berlin, 1864, p. 51). This "syphilis by conception" is supported by Fournier, but he hastens to add in a foot note (l. c. p. 26), that he will not attribute it to the semen, which has been proved by numerous experiments (notably those of Mireur) to be like the other physiological secretions, inoculable. Zeissl has gone a step farther in reviewing another old theory, *i. e.*, that the semen can infect even when conception does not take place (*Allgem. Wiener Med. Zeitung*, 1879, No. 51). The case, however, that he mentions

is a doubtful one, *i. e.*, falling out of the hair, osseous nodes, etc., *six weeks* after marriage! Again Diday advances the view (l. c., p. 16) that the fœtus can be directly infected by connection during pregnancy. He quotes further from Mead, Deneux, Piednagel, Lebert, Depaul and Simpson to prove that the fœtus may have variola and the mother escape. Whether this be true or not, I cannot say, but it would be interesting to know if such mothers would be proof against vaccination or small-pox. Of one thing, however, we are certain: if a mother gives birth to a syphilitic child she can, although presenting no signs of the disease, nurse her child, while others acquire the most virulent forms from such an infant very readily. This is Colles' law modified, for he first applied it in a much more restricted sense, and it was, I believe, made general by Diday. We are further able to add on the strength of Neumann's and Caspary's cases, mentioned in the early part of this paper, that such a mother is proof against the virus taken from others.

There have been, I believe, four exceptions to Colles' law. Two of these, Brizio Cochi's, 1858, and Miller's, 1861, are rejected by Kassowitz, the greatest *a priori* opponent of our position, who admits the strength and truth of the law. In the one there were said to be ulcers on the breast and genitals, concerning the nature of which nothing is known, while in the other, was an eczema mammæ and a vaginal "gonorrhœa." Again, Guibout gives one in his work (Nouvelles lecons Cliniques sur les Maladies de la Peau professees a l'Hopital St. Louis, Paris, 1879, p. 154), where he states that a mother acquired four ulcers of the breast while nursing her syphilitic child; that Fournier diagnosed one of them as an initial sclerosis. On the other hand, Fournier affirms a year later [l. c., p. 225] that he has as yet seen no single exception to Colles' law. The other from Ranke (*Tagblatt der 51 Versammlung Deutscher Naturforscher und Aerzte in Cassel*, 1878, p. 94), I know nothing of; Zeissl quotes it as an exception [p. 631].

Can there be more than this immunity? We must again answer yes, but we must accept testimony in this connection with great caution because the disease runs such a notably irregular course in women, and because there is such difficulty in establishing the presence of a primary lesion and often even of the glandular swellings. Mracek's study on initial scleroses of the portio vaginalis uteri is of interest in this connection (*Vierteljahresschrift d. Dermat. u. Syph.*, 1881, 1 Heft). Can there be an infection resulting in the ordinary course of syphilis? Cases have been cited in support of this, but they have weak points. Fournier speaks very positively on this subject (l. c. p. 24); he says, women will have an outbreak of secondary syphilis but the most minute investigation will not detect a semblance of a primary sore or even glandular infiltration. The husband, often intelligent, forewarned, or a physician even, is positive he has not had a lesion from which inoculation could have taken place. Coming from such an authority these statements have weight, but we must show the same skepticism here as before and remember how many exceptions are found throughout this subject.

But there are more positive and numerous data to prove another phase of the question.

A woman, apparently healthy, but the mother of a syphilitic child, may show occasional, mostly late symptoms of the disease. Zeissl, with his usual care, has two very strong cases (l. c. pp. 631–2). 1. A syphilitic man (psoriasis palmaris) had intercourse against orders with his healthy wife; she bore successively two diseased children; after the first conception she began to fade and lose her hair; after the second confinement she presented a psoriasis palmaris specifica; Zeissl examined this woman almost daily during two years but could never find any trace of a primary lesion. 2. A man was treated in 1865 for syphilis; he married in 1867; his wife, who was also almost daily examined for a year, bore in 1868 a child with lues hereditaria, which was still present eleven years later (iritis specifica); shortly after delivery the mother showed a

maculo-papular syphilide and a palmar psoriasis. Later, 1868, she had a boy with mild symptoms.

He adds that almost without exception these mothers are syphilitic; that they fade, become leukæmic, present glandular swellings, bone pains, and nodes on the sternum, tibia, etc. That they are benefited by so-called specific treatment. Engel (l. c.) says the same of the vague joint and bone pains which appear in such cases, and are worse in the afternoon and evening. Keyes gives an instance to the point, *i. e.* a woman presenting, on careful examination, only an occasional macule and a few small buccal mucous patches; this when her first syphilitic child was a few months old; since that time not a sign of the disease or even a cachexia, but she has had two more children, the one infecting its nurse, and the other still-born and macerated (l. c. pp. 71–2). Apolant has another (*Berliner Klin. Wochenschrift*, 1881, No. 6), but it has not been under observation throughout. Diday quotes one of Vidal (l. c. p. 17) but the two authors differ as to a lesion on the mother.

I have under observation a similar case which I hope to publish with autopsy of the child ere long.

Again, such a woman may infect others. Engel (l. c.) has three instances of physicians whose chancres of the fingers were acquired from women apparently in perfect health, while delivering children, who *later on* developed hereditary lues. His case of the two gentlemen infected from the boarding-house keeper do not apply here, as their "multiple sores were not followed by constitutional symptoms!"

Lastly, such a woman may subsequently, from a healthy husband, have syphilitic children.

There are such instances recorded, e. g. Vidal's and Apolant's, above quoted, both apply here as well. Lewin has two where the mothers showed no symptom, at any time or of any kind, but still had syphilitic children from their second husbands, (*Berliner Klin. Wochenschrift*, 1880, No. 48).

On the other hand is an overwhelming array of cases where there was every reason to consider the mother unaffected.

Behrend (l. c.) gives an instance of a mother who bore twelve syphilitic children without manifesting any symptom herself. Kassowitz (l. c.) has had under observation one hundred and nineteen families where the mother remained, in his opinion, free from the disease. He quotes from the records of the Vienna Foundling Asylum, 1854–1868 (*Wiener Med. Blatter*, 1880, Nos. 2, 3, and 4,) one hundred and sixty-six healthy mothers, and ninety-nine more of Bednar's from the same source. Referring to his earlier work, he says, that in cases 2 and 10 (pp. 26 and 30 respectively) the mothers had married again and from healthy husbands had given birth to healthy children. In case ten, she had already borne one healthy child by her first husband, and in case two, four years had elapsed! Here it must be remembered that after such a time the disease may have run out or been in a dormant stage as regards transmission.

Kassowitz's argument that a syphilis, thus acquired by the mother should be active as regards future offspring, does not seem to me to hold good. In cases like Fournier's, Zeissl's, etc., yes, for the infection gave rise to symptoms more or less marked, but where only vague or late manifestations are present, they belong to a period of the disease in which it is not easily transmitted. A symptom on which I am inclined to lay considerable stress, even in diagnosis, is the peculiar anæmia of syphilitics soon after acquiring the disease; this is very often present long after the birth of a child afflicted with lues, when the mother is in every other respect, to all appearances well, and shows no suspicious lesions. We need carefully watched cases of infection from women who have this so-called latent or vague syphilis, as well as those, necessarily observed for a long time, where such mothers have had syphilitic children from healthy men, and lastly, studies in the pathological anatomy of such women.

This subject then needs clearing up, and I feel sure that the homœopathic physicians of this state ought and will not "take a back seat" in the furtherance of this much needed work. The great fault is that all the work is done by individuals

and independently. A meeting of this kind would be just the place to organize some united effort with such an end in view. I throw this out as a passing suggestion; "he that hath ears to hear, etc."

But to sum up: Either or both parents can transmit their syphilis to their offspring directly, the maternal influence being greater than the paternal. This latter might more easily be eliminated if the theory of the infection of the mother by the semen were established.

A mother transmits to her fœtus in utero, *in most instances*, a syphilis acquired after conception and up to the last weeks of pregnancy; the later it is acquired the better it is for the fœtus.

The mother of a syphilitic child is certainly proof against infection from offspring, father or others. She acquires, in many cases, from the fluids of the fœtus, in all probability, a syphilis, showing itself either by the general symptoms of the secondary stage, more frequently by the irregular manifestations of a later stage, or by a cachexia; it may be, it is claimed, altogether latent as regards external manifestations, but she can infect others or give birth subsequently to diseased children. In a very large number of instances, however, she undoubtedly shows no perceptible suspicious symptoms.

Treatment, the age of the disease, and transitional latency have a marked modifying effect on transmission, but in spite of all three it may show itself in the offspring.

Hereditary syphilis, like the acquired form, is full of surprises; it refuses to be bound by absolute laws, but is continually presenting us with exceptions which necessitate new legislation.

Treatment.—This is comprised under the general heads, hygienic and remedial.

I. Hygienic.—I have but a few general words for this department, yet they are so important that I fear lest the very generalness would seem to detract from their importance. The constitution of the child is affected by a poison so potent as to permeate every tissue of the body, and to some extent im-

pair every function, nutrition and growth included; hence the very great variety and diversity of symptoms known to us, so that more than ordinary care is needed to assist in throwing off the disease and in repairing parts affected. The child should be placed in a condition to receive the most careful attention to its person, by cleanliness (frequent baths) and warmth (properly clothed), by good influences of sunlight and pure air, and lastly, to have sufficient nutritious food.

II. Remedial.—Here I think it a waste of time to retail the symptoms of the drugs, as they are to be found by all in our Materia Medicas. A general classification will be all I will attempt, while in addition I desire to impress some other thoughts. The similitude existing between the symptoms of mercurius in its various preparations and those presented by acquired syphilis (in contradistinction to the hereditary form) is admitted by every one; the same is true if to a less degree in the hereditary form. The same distinctions also are present, as for instance, when the eruptions on skin or mucous surfaces are dry, scaly, spreading, papular form, or if moist, the discharge is thin and scanty, little or no offensive odor, merc. sol. or dulcis will give best results. If they are pustular form, spreading, superficial ulceration and slough, discharge copious, merc. jod. If deeper tissues are involved, as bones, joints, internal glands or ulcers of surface eat deeply, presenting deep, irregular and angry looking sores with thin ichorous and offensive discharge, merc. cor. There is another drug of almost equal similarity, either in itself or some of its combinations. I refer to iodine, kali jod., calc. jod., and merc. jod. cum kali jod. The pathogenesis of this class covers all the forms of syphiloderms, the erythematous, squamous, papular, pustular, and also the gummata, and a great number of the subjective symptoms.

Kali jod. is the world-wide popular remedy and I would not detract from it one whit of its importance, yet it is very much abused, poor thing. Its curative effect is in accordance with the homœopathic law, and not by a process of supplant-

ing or displacement, hence its empirical use, or the excessive dosing when indicated, receives our condemnation, and an equal condemnation is meted to those who refuse to give enough of the remedy to afford the assistance Nature is craving. Let the dose be just enough to produce rapid relief, be it the fifth trituration or a five grain dose of the crude drug, anything like the latter dose being very rarely required. Merc. jod. cum kali jod. is a remedy not sufficiently known to be appreciated. I have had some of my grandest results in treatment of secondary symptoms of acquired form and in the form under discussion from this remedy. I do not know so much of its subjective symptoms, but give it when the eruption, papular or pustular comes out rapidly, very persistent, if erosive, it is superficial. Around anus eruptions sting, smart and itch, discharge scanty but viscid; frequent relapsing of cases.

Of cinnab., aurum, mezer, stillingia, and a host of other remedies you know as well as I.

It used to be popular to divide diseases into three great classes: those that are self-limiting or self-curable, those that require assistance to limit or cure them, and the incurable. If we so divide them, syphilis does not belong to the first class surely, nor do I believe that it belongs to the last class. I believe it is curable—curable homœopathically. It cannot be done in a day or week, however. Persistency is a great distinguishing characteristic of syphilis, and a lack of its recognition is the most frequent cause of failure to cure. No case will be cured where the medicine is stopped as soon as the symptoms are gone, nor will quantity of the drug rapidly used accomplish it. The same persistency that marks the disease should also mark its treatment. Select your remedy according to the law, give it in the strength required, and keep giving it for not less than one year after all manifestations have disappeared; better two years, but not so regularly.

Let the parents of affected children be enlightened as to this necessity or you will not be granted the privilege of

carrying out what is clearly your duty to the case. Only thus can you avoid the relapses that are so frequent, and presenting of the later symptoms of the disease that are so destructive.

EXCISION OF THE TIBIA AND FRACTURE OF THE FIBULA FOR DEFORMITY OF THE LEG.

BY L. H. WILLARD, M. D., ALLEGHENY.

The all important question to consider in regard to this operation is the reproduction of bone after its removal.

I am not prepared to say what would be the result in the adult, but I have every confidence in saying that in all those patients who have not obtained full growth, and who are in good health, bone will surely be reproduced, providing the epiphysial extremity remains, and the periosteum be carefully preserved in its continuity. I speak thus confidently in regard to those cases of rickety children, where in infant life there has not been enough vigor of constitution, or perhaps, as more often happens, they have been ill fed, in consequence of which the bone not being strong enough to support the superincumbent weight, deformity of the bones of the leg occurs, sometimes causing lateral deformity, bow-legs; in others, antero-posterior curvature of the tibia and fibula; in others, a combination of both.

Very fortunately, in most cases, as these children grow, the bones become firmer, and the muscles more powerful and these deformities are remedied, so that when they have arrived at adult age, they are scarcely noticeable. On the other hand, in a few cases, instead of improving, these deformities continue and present such a distressing picture that it seems only following out what is, strictly speaking, surgical humanity, to try and afford some relief. I have reference to those cases then, where the deformity is so great, the angle of curvature so marked, and all constitutional and medical treatment, and mechanical appliances, have failed.

A few months ago I was called on by the ladies having in charge the Colored Orphan's Asylum of Allegheny, to see what could be done to correct a deformity of one of their children. The deformity consisted of antero-posterior and lateral curvature of the tibia and fibula of both legs. The child, a girl of about six years of age, showed no signs of rickets, evidently one of those cases of want of bodily vigor and neglect combined. The appearance of the deformity was noticeable on its first walking, and continued to grow worse ever since. The child's health was good, no vice of constitution noticed. It is impossible to describe the appearance of the tibia and fibula owing to their twisted and misshapen form. There seemed to be no hope of relief except by a section of the tibia and fracture of the fibula, and to this the ladies in charge of the asylum consented.

The first operation was performed about November 8th, 1883, the asylum physician, Dr. Chantler, in the morning of that day taking the necessary care in regard to diet, etc. At 4 P. M. the patient was placed under anæsthesia by ether, and assisted by Drs. Chantler, Caruthers and Pitcairn, the operation was performed. First, an incision about four inches long was made along the spine of the tibia, over the seat of the deformity and down to the periosteum, which was incised for the same distance, and carefully separated from the bone. Metal retractors were now placed under the bone, and a piece of the tibia one inch and a half on the anterior surface, and about a half inch on the posterior was removed.

The portion of bone showed the angle of deformity. The fibula was then fractured by the chisel, after an incision had been made down to the bone on its outer side. The deformity was now corrected. The portion of bone removed, and the fracture of the fibula permitted any desired position to be given to the leg.

After carefully sponging out the wound with a solution of carbolic acid, 1–40, the divided periosteum was stitched together with carbolized catgut, and the external parts with wire

sutures. Very little bleeding occurred, and when it had subsided the leg was enveloped with antiseptic gauze, and over this was placed marine lint, to allow for swelling. Then an Ahl's felt splint, fitting the leg accurately, and a Day's wooden splint, were bound on with bandages, as a temporary dressing to keep the leg in place.

Some surgical fever ensued, which Dr. Chantler controlled with bry. and rhus. On the eighth day all fever had subsided, and the leg seemed to be doing well. On the fourteenth, a window was cut in the anterior surface of the splints, and a small quantity of pus was found. Callus had been thrown out and completely filled the space between the bones. The leg at this early day was firm and strong. The splints were retained until the eighth week, when, the wound having healed, all the splints were removed.

The leg was in a good condition, perfect bony union having taken place. Three months after the first operation, the other leg was treated in the same way, the child having been admitted to the Homœopathic Hospital. The operation only differed as regards the incision, which, instead of being made along the spine of the tibia, was made on one side; then the skin being pushed over the tibia, the periosteum was divided along the spine of the bone. The advantage of this is apparent, for when the operation is completed, the spine of the tibia is completely covered with integument, thus preventing necrosis. The second operation was as successful as the first. New bone formed and the wound healed kindly. Both legs are firm and solid.

Whilst the appearance of the legs is not as good as we would like, still there is no doubt about the bone reproduction.

Should I operate again for this deformity, I would remove more of the shaft and take away all parts of the tibia which showed a twisted appearance. With the experience I have had in other cases, where the whole of the tibia was removed for compound fractures, and in others where the entire humerus was removed in consequence of acute osteitis, bone in all these

cases being reproduced, I feel confident of the operation as a safe proceeding.

Care should always be taken in regard to the length of the limbs before and after the splints are applied, and if necessary, extension to keep the leg the required length should be made. This extension, in all cases that I have noticed, would have to be maintained for two weeks; by that time sufficient callus is generally thrown out to maintain the length of the limbs.

Since these operations were performed, Dr. C. M. Thomas, in answer to inquiry concerning the same, has written me of several cases on which he had operated with very satisfactory results, in which bone formed, and the legs of the children are strong and firm.

Dr. Helmuth, in his surgery, relates a most remarkable case, where several inches of the tibia were removed in consequence of a compound fracture, with a good result.

Drs. Agnew, Holmes, Franklin and others, have, in their different works, compiled statistics showing the mortality in these operations, but as they have no particular reference to the deformities in question, it is not necessary to give them here.

In conclusion, we would say, that with care in the selection of cases in regard to health, constitution and surroundings, I deem the operation justifiable, and one which can be performed with the greatest facility.

SURGICAL CASES.

BY W. R. CHILDS, M. D., PITTSBURGH.

H. K.; aged twenty-one years; varicocele. Has always been healthy. One year ago patient was seized with pain in the groin after doing some heavy lifting; itching of scrotum at times, and a feeling of weight there; examination reveals veins of scrotum enlarged on both sides, those of left side being the most marked. The patient was anæsthetised and

the left side of the scrotum laid open. Two venous trunks were ligated with carbolized catgut. The wound was washed out with a two per cent. solution of warm carbolized water, and closed with catgut sutures and arnica [3] administered internally.

Third Day.—Patient feverish and thirsty; temperature 102°, pulse 90; scrotum swollen, hot and painful; bell.[1] internally, with hot fomentation externally.

Fourth Day.—Improved; temperature 101-2°, pulse 90; treatment continued. During the next three days the condition remains about the same; treatment continued.

Eighth Day.—The lower end of scrotum is opened and a slight discharge of laudable pus follows. Internally, hepar sul. [6]; poultice of flaxseed applied. This treatment was continued for four days; temperature during the time varying from 99½° to 100½°, pulse 80. The patient has been on a milk diet until now. On the thirteenth day he was given a more generous diet, and ordered chin. arsen. [3], four doses daily. The opening in the integument healed slowly; strength improved and on June seventh he left the hospital cured.

The size of the veins of the right side had diminished, the scrotum was retracted, the testicles were normal in size, and the patient happy.

Mr. G.; aged sixty-six years; necrosis of right tibia. This patient enjoyed good health until nine years of age; one morning he could not rise on account of swelling and pain in the right leg; the swelling began at the knee and extended upwards to the groin, and down to the ankle. The M. D. in attendance pronounced it to be a case of "white swelling." The leg was poulticed; afterwards lanced, and a discharge was kept up for some time; the swelling above the knee gradually disappeared, but got worse below the knee, and an opening was made near the ankle, from which several pieces of bone were discharged; ulceration continued all along the spine of the tibia, and at the end of a year a sequestrum formed, and the outer half of the whole length of the bone was lifted

out; the soft parts healed, and the covering of the bone was almost perfect; the leg was always tender; a slight knock or bruise would cause a running sore, hard to heal. He wore a protective boot for years, to prevent injury.

About two years ago he knocked his shin against the rocker of a chair, causing a wound, which discharged quite freely, and then began to ulcerate; ever since growing worse.

June 16th. An examination reveals necrosis and caries of the lower two-thirds of the tibia; nearly all the medullary portion of the bone is ulcerated down to the ankle joint. The patient was etherised; the bone scraped, and the unhealthy portions chiseled away, until only about one-third of the shaft was left. The old man came from under the influence of the anæsthetic nicely. There was considerable oozing of blood after the Esmarch bandage was removed. Iodoform was dusted freely over the wounded surface, which was covered with iodoform gause and the legband aged. China, ^{0} twenty drops in gill of water, dose every hour, given internally.

Second Day.—Temperature 100-1°; pulse 96; complains of some pain, and feels weak; treatment same. Our patient improves from day to day; pulse and temperature become normal. At the expiration of two weeks he was discharged from the hospital, and has since been reporting from his country home by letter. Improvement has been continuous; he exercises a little daily on his crutches. The treatment has been silicea ^{3}, four doses daily at first, gradually going higher, and lengthening the interval until now he is taking silicea ^{30}, a dose every second day.

Mr. H.; aged thirty-four years; while attempting to board a coal train on the B. & O. R. R., this morning, he was thrown under the wheels. The arm was crushed at middle and lower third, and the fore-arm crushed at wrist; the arm was amputated at the surgical neck of the humerus; the patient was very weak from loss of blood, and was given hypodermic injections of brandy after being anæsthetised. After ligating the arteries, the flaps—antero posterior—were

united with sutures, and the patient given china [1] internally; six hours after amputation secondary hæmorrhage set in, necessitating the opening up of the flaps and ligating the vessels higher up, as the blood was found to be oozing from the coats of the arteries. The wound was left open and dressed with iodoform. This case made slow improvement as regards general health and strength, although the wound granulated nicely and healed without any unfavorable symptoms. The first ligatures came away on the thirteenth day. The treatment all through was china [1] or chininum arsenicosum [3]; iodoform was the only dressing, and gave great satisfaction. The patient was discharged well at the end of the seventh week.

The notable feature of this case is that the only dressing, from first to last, was iodoform; no water was applied at any time. The pus which was discharged was laudable, and in dressing the stump the discharges were wiped away with absorbent cotton and new iodoform blown into the wound.

It is claimed by some surgeons that iodoform delays granulation. Whether this be so or not, it had an exceedingly favorable effect in this case. Union took place nicely, and at no time was there any tendency to exuberance of granulations.

A. H.: aged thirty-eight years; during a political discussion this man removed his coat, hung it on a fence, and turning around to continue his remarks was struck in the face with an iron knuckler, knocking him down, and was then kicked in the face by his assailant. Dr. Edmundson was summoned, and dressed his injuries temporarily. The day following I was called in consultation, and finding the face greatly swollen I advised waiting, and that patient be removed to the hospital, which was done. A consultation of the surgical staff was held, and on the third day after the injury he was operated upon. I should remark here that the result of the encounter was the fracture of the left malar bone along the outer edge of facial, with orbital plate; the facial portion was driven backwards and downwards into the antrum

Highmorianum, and the orbital plate downward, lapping over the other portion of the bone.

After anæsthetising the patient, an incision was made beneath and in line of infraorbital ridge; an elevator was then inserted beneath and the fragments raised. A pledget of lint was packed beneath the fractured parts, and the central portion of the wound united with three wire sutures; the wound dressed with calendula lotion; arnica [3] internally. Forty-eight hours after the operation the pledget was removed and the antrum washed out with calendula solution, and iodoform applied externally. Healthy pus was discharged in small quantity for about four weeks. At the end of the first week the outside sutures were removed and in two weeks the remaining one was removed. At the expiration of four weeks the patient was discharged and ordered to report at my office. The treatment internally was arnica [3] first three days, then china [8] for a week, followed by sulphur [6], one dose daily for two weeks.

The face, three months after, presents a natural contour, with a puffiness of under lid and a slight scar near the zygomatic portion of the bone.

This case illustrates the importance of attempting to secure a restoration of the contour of the face, for otherwise this patient would have exhibited the greatest deformity.

HERNIA.

BY W. A. HASSLER, M. D., ALLENTOWN.

Hernia is the protrusion of any viscus from its natural cavity.

Hernias were known to the ancients, and attracted the attention of those that were men of medicine at that time. It has, however, only been within the last century that the subject or its anatomy has been understood. Sir Astley Cooper, in his work on hernias, is the first writer that has paid much attention to the subject.

The causes of hernia are various. Congenital hernia, the cause of which is one where Nature has failed to perform its duty in the closing the walls of the abdomen, the bowels protrude unobstructedly. All other forms of rupture may come from blow, strain, fall, or an accident of any kind, straining at stool, horseback riding, or anything that will put the abdominal muscles on a strain or stretch, at the same time producing a pressure on the bowels against those parts where hernias most frequently occur.

Hernias are divided into species, varieties and sub-varieties. The species are, first, cerebral; second, thoracic, and third, abdominal. The varieties above the ilio-pectineal line are diaphragmatic, ventral, umbilical, inguinal, and femoral, and the sub-varieties in this class of ruptures are oblique inguinal, direct inguinal, bubonocele, hernia of the tunica vaginalis, which is congenital.

Of the varieties below the ilio-pectineal line are pelvic, obturator, ischiatic, vaginal, pudendal and perineal.

The human family, in one form or another, is subject to these varieties of ruptures to the number of one-eighth (⅛) of the whole population. It affects persons of all ages, sexes and conditions. In this paper I speak only of one species, the abdominal, and the varieties and sub-varieties of the same, viz.: Umbilical, bubonocele, oblique inguinal, direct inguinal and femoral. All of these hernias have a sac and the sac is formed by the peritoneum. Every sac has a mouth, a neck, and a body. The mouth is that part of the narrow opening which establishes communication between the general peritoneal cavity and the hernia sac. The neck is the narrow constricted part between the mouth and where it expands. The body is that portion between the neck and the fundus, and contains the parts protruded. The sac may contain omentum, omentum and serum, omentum and intestines, intestines, or all at the same time. When intestines are found in the sac they are generally the small bowels, the ileum. There have been cases where the sigmoid flexure, the transverse

colon, the bladder, and even the stomach have been found in an old scrotal hernia.

First, I will speak of bubonocele, which may be an incomplete oblique or direct inguinal hernia, a rupture which has come through the internal ring, through the canal, or through the walls of the abdomen to the external ring and there been stopped by the external ring. When such a rupture passes through the external ring coming through the internal ring and inguinal canal it is pronounced an oblique inguinal hernia: when it passes through the walls of the abdomen, through the external ring, it is pronounced direct inguinal; when after it has passed though the external ring and descends into the scrotum it is called an oscheocele or scrotal hernia. This is the most common rupture; it is found in the male sex and very seldom in the female sex, but if it is discovered in woman the course of the rupture follows the round ligament and the protrusion is found in the labia majora. Omphalocele or umbilical hernia is a protrusion at the navel. You generally discover this in women who have given birth to many children. This class of ruptures is discovered in many children at birth, the cause being the same as in congenital hernia. The last of the ruptures that I will take into consideration is the femoral, a rupture that you will discover mostly in the female sex. These hernias appear on the anterior and inner part of the thigh. Emerging from the abdominal cavity through the femoral ring, they descend under Poupart's ligament, while the inguinal hernia emerges above Poupart's ligament. As already intimated, femoral hernia is most frequently discovered in woman, and is the most dangerous of all species and variety of rupture above mentioned. It is the more difficult to be fitted with a truss or band, and is the more critical to cure, and the most dangerous for an operation. To diagnose an inguinal from a femoral hernia, or *vice versa*, place your finger on the spine of the pubis; if it is an inguinal hernia the neck of the sac will be above your fingers, while if it is a femoral it will be below. These hernias are all liable to be-

come strangulated, and when they do we may divide them into two kinds, viz., active and passive. An active hernia is one where the rupture comes down and is strangulated at the same time. A passive hernia strangulated is where the rupture has existed for one or more years. The reports from the different hospitals show that the great majority of strangulations occur when the weather is damp and wet. In acute strangulated hernia there is a great collapse, due to the depression of the sympathetic nervous system, and not like a shock or collapse from an operation, which shows itself through the cerebro spinal system. When you get a patient with strangulated hernia you want to reduce the stricture as soon as possible. First, try taxis, by placing the patient in a proper position. If this should be a failure give aconite or nux vom., leave the patient for three or four hours, return and try taxis again. If you are still unable to reduce it, try cold and hot applications alternately. Try hot bath at a temperature of 100° Fahrenheit. Ether spray or chloroform, or electricity may be tried. You can place the patient in the reverse position from his feet. Here I will mention something that may be of interest to all of you at one time or another in your practice, viz.: Never try taxis longer than twenty minutes on any one case, and then not violently; if you do you accomplish a positive injury. If it is an active hernia do not wait longer than twenty-four hours before operating. If it is a passive one, which has existed for a number of years, you may wait longer, but it nevertheless is not advisable if you can possibly get the patient and friends to consent, to delay it longer than twenty-four hours before you operate and relieve the stricture. Here I may mention a fact that may not be generally known to physicians, viz.: Peritonitis in strangulated hernia differs from idiopathic gangrene or peritonitis. The pulse is rapid and feeble in peritonitis of strangulated hernia, while in medical cases we have a full, strong and wiry pulse, also a high temperature, while in peritonitis of strangulated hernia, in a great many of those cases, the temperature falls below the normal state, and especially in acute cases.

Strictures in hernia may occur in three different places, at the ring, the neck of the sac itself, or within the sac itself.

In operating for strangulated hernia at least two assistants are necessary, one to administer the ether, and the other to assist the operator.

After placing your patient under ether, if there is flatus or fluid in the sac, you should use a fine needle with the aspirator, and then try taxis once more, and if you still cannot reduce the rupture you are ready to operate. Make a large incision through the integument that you may have plenty of room, then take up one layer after another until you come to the sac which is the peritoneum. Look for the stricture, which is generally at the ring, and if you can divide it without opening the sac it is preferable, so that you do not expose the bowels to the atmosphere; if that cannot be done you divide the sac. In this you have to be on your guard, and especially in a passive rupture where from old inflammations the peritoneum and intestines may have united. In cutting the stricture, introduce your finger in or to the stricture, then introduce your knife flatwise and cut. If you cannot use your finger use a grooved director and introduce your knife in the same manner. If you operate on inguinal hernia you cut upwards and inwards. In femoral hernia the cut must be made inwards on Gimbernat's ligament. These rules can be followed with safety.

I will give the report of a recent case of femoral hernia. Mrs. K.; aged sixty-four years, had hernia for four or five years, has had at different times trouble during the last two or three years. On December 31st, 1883, at one o'clock in the morning, I was called to her bedside and found her suffering from strangulated hernia, pain, vomiting and restlessness. I tried taxis for five minutes and found I could not reduce it. Then gave nux vom. ^{2x}, every twenty minutes for three hours, and tried taxis once more with no better result. I ordered hot and cold baths alternately and left her at half past four o'clock A. M. I saw her at eight o'clock A. M. and perceived no

change, then I called in consultation a brother physician. We tried again to reduce the rupture but failed. We saw the lady a number of times during the day and applied different medicines and methods, but without success.

We proposed an operation and expected an answer on January 1st, 1884, at eight o'clock A. M., so that we might operate at ten o'clock A. M., but the intelligent and knowing neighbors prevailed upon the family to call in some more medical aid, which they did, the time then set for operation was two P. M. I operated with the assistance of a number of medical gentlemen present. The operation lasted thirty-five minutes. The patient came out of the operation bravely. Arnica was given every two hours, and I saw her again at nine o'clock that evening. Contrary to what is said in regard to the temperature being lower in such cases, in this case it was 101° before operation, pulse 90, respiration 19. January 2d and 3d, temperature between 99 and 100½°; 3d and 4th, normal in the morning and 99° in the evening. On the morning of the 5th the temperature was 99°, and in the evening again 100½°. The pulse all this time was from 78 to 84, except on the evening of the 5th it was 90. After the 5th the temperature was normal, pulse running from 78 to 84 until the 14th, when it became normal from 70, 72 and 73. Gave aconite and arnica all the time after the 2nd and until the 14th, when I gave hepar ^{6} twice a day, with the exception of the 4th or 5th, when I gave veratrum. She had stool on the 6th by first giving an injection of a quart of warm water. She had very little tympanites, except the fourth or fifth day. After she had stool it all passed away. The local application was calendula with a little carbolic acid in some water containing ice during the first twenty-four hours. In the afternoon of the second day there was a good deal of swelling. I still continued the calendula in water, on a pad containing eight or ten layers of muslin. I now applied a bladder filled with ice, and continued this treatment until the sixth day, when the swelling had mostly subsided. There was considerable suppuration from the 6th until the

12th, and since the 6th I used Platt's chlorides 1 to 10, injecting it also in the cavity. After the fifteenth day granulations set in, and at the end of the month I discharged the patient perfectly well.

A great many of the medical profession think when you cut down and find the bowels black from strangulation, that that means gangrene. In the case above cited, the bowels were dark all through, and almost black at some places, yet she made a speedy recovery. The bowels that are gangrenous are of an ashen grey color, and not black as some would teach you.

The treatment of hernia is of two kinds, viz: the palliative, that is by truss or bandage, with which you are all familiar, and the curative.

There are numerous methods to cure rupture, but I will speak of only one method, which is known as the Heaton method, a method by which I have performed operations a number of times successfully. I shall now endeavor to give you a short sketch of the medical history of Dr. Heaton, and at the same time prove that the allopathic school of medicine was no better in 1836 than it is to-day. It showed the same degree of stubborness in accepting new theories then as it does at the present time, and apparently will all time to come be far behind the present race that is continually pressing onward, especially so in a certain portion of the medical world. Dr. Heaton resided at Alton, Illinois, when he made his discovery. After he had operated a number of times successfully, he went to St. Louis, Missouri, where he had more extended opportunities to put his theory into practice, in the hospitals where he practiced.

In the year 1836, the prominent members of the medical profession met in Baltimore, and formed what is now known as the American Medical Association. Dr. Heaton met with them there, to make known his new discovery, and to give his secret to the medical profession at large, but they paid no attention to him. The following winter he went to Philadelphia

and offered to explain his method of the treatment of hernias to the Professors of the Jefferson Medical College, but they also turned a deaf ear to him. He left, making a vow never to divulge his secret, and realize from it all he could. He went to Boston and established quite a practice; from there he went abroad, and practiced his method in all the larger cities in Europe, and that with marked success. He returned to Boston, opened a hospital for the treatment of ruptures and continued so successfully for a number of years. His friends prevailed on him to give the secret to the medical fraternity, to which he finally consented, and commenced to write a work on the subject of hernias. However, before he was altogether ready to consign this human benefactor to the press, his usefulness here on earth was denied to us—he died. His assistant, Dr. Davenport, completed the work, and had it published under the title of "Heaton on Hernia." Then, for the first time, the medical profession learned what he had used so successfully for so many years, as well as the method of applying the same.

The medicine was nothing more than extract of white oak bark, which he injected, with what he called a hernia needle, around the rings, and into the canal, or around the parts where the hernia protruded through the walls of the abdomen. The white oak extract when injected produces an inflammation which throws out an exudation of lymph, mixing with the bark injected. Keeping the parts well bandaged, the tissues will unite and make the parts stronger than nature had prepared them before.

Dr. J. W. Warren of Boston, another of Dr. Heaton's assistants, wrote a work on hernias in 1877. In the last edition, published in 1882, he gives a modification of the preparation to be injected, and also describes a new instrument which he claims to be far superior to Dr. Heaton's. The mixture that Dr. Warren thinks is far superior to the extract quercus alba, alone, and which he has used in the operation during the last four or five years is the following, viz:

Fluid extract querci alba, six ounces; reduced by distillation to two ounces.

Alcohol 90%, a half ounce.

Ether sulph., two drachms.

Morphiæ sulph., two grains.

Tincture veratri virides, two drachms.

He injects fifteen to twenty drops into small and recent hernias, and from twenty-five to fifty drops in large and old ruptures.

I have operated on fourteen different hernia subjects, and have used four different kinds of instruments, viz: Dr. Heaton's old instrument, De Garmo's trocar and canula, and Dr. Warren's old and new instruments. My experience is that if you inject a sufficient quantity of the fluid to the right place and watch the after treatment carefully with the bandaging, you will effect cures.

Some surgeons have their own modifications of the operation, and have their own ideas in respect to injecting the fluid. They use nothing but an ordinary hypodermic syringe. For example, if they treat an oblique inguinal hernia, they introduce the first fingers in the external ring to about midway between the rings, run down the needle until they would touch the finger; having the assurance that they were in the canal, then they would inject the fluid in the canal. I have no hesitancy in saying that the success attending such an operation is just what they claim, to-wit, about thirty-three per cent. of cases treated in the manner above described.

If the hernia is an old one, where the rings are close together, from long continued traction of the bowels, when operations as above described are performed, and the fluid that is injected in the above described manner will be able to reach the rings, then a cure will be effected.

In recent and small ruptures, where the rings are from one and a half to two and a half inches apart, the fluid will not touch the rings, consequently no inflammation, no exudation, no adhesion strong enough around the rings and no cure. I have no reason to pause and consider whose method to

practice, for I will unqualifiedly accept the teachings of the man who made the simple but very effective discovery and for many years practiced the same with satisfaction to himself and beneficent results to his fellow men. Of all the cases he operated on he accomplished perfect cures of about eighty to ninety per cent. Dr. Heaton did not only inject the fluid around the rings, but he, in addition, scratched those rings by the point of the needle, thereby producing an extra amount of inflammation in addition to what the fluid produced, which increased the flow of plastic lymph and was productive of more adhesion.

Dr. Warren states that by the addition of alcohol and ether in the fluid it will produce that extra amount of irritation which makes the scratching in the rings, as Dr. Heaton used to do, unnecessary.

In operating, you place your patient on a hard mattress or table, the pelvis elevated, the limbs slightly flexed. Have the parts shaved, introduce the middle or third finger in the external ring, push your needle through the skin and fatty tissue, push down to the ring; as soon as you have the ring on top of the needle, commence to inject, pushing the needle up the canal, injecting all this time until you come to the internal ring, then inject around; then commence withdrawing, keep on injecting all the way out until your instrument gets on the outside of the external ring; then be careful in withdrawing your needle, and not inject any of the fluid in the fatty tissue. If you do, you will have to contend with an abscess. After the needle is withdrawn keep your finger pressed tightly on the parts for a few minutes. The pain is excruciating for a minute or two. If you use Dr. Warren's fluid, the pulse will lower from 70 to 60, or even to 55, in from fifteen to twenty minutes. Put on a bandage, keep on a pad dipped in cold water. The swelling will commence about the second day and continue for five or six days. When the swelling is at its extreme limit put on your rubber bandage tightly. The patient must be kept quiet on his back for at least five days;

the bowels should not be moved for a period of six days, when an injection of warm water may be given. If you can keep the patient in bed for two weeks so much the better; some might get up after the tenth day without injury. Always instruct them to try and not force down the omentum or bowels by coughing or straining. Keep a rubber band on the parts for at least two months after the operation, to give the tissues formed by exudation time to harden. By observing these rules and strictly following the directions heretofore given, you as a physician will experience gratifying results, and your patient with unbounded grace and thankfulness will remunerate you with a big fee, realizing the enormity of his affliction and recognizing your great worth as a physician to him during this his time of pain and trouble.

As I said before, I operated on fourteen different persons; four of them had double ruptures. I effected complete cures of fifteen out of the eighteen ruptures, and would have cured one more had I understood the nature of the hernia, in other words, my diagnosis before operation was erroneous, and I never detected it till afterwards, when I discovered it to be rupture in the tunica vaginalis, a rupture that is congenital (Nature's incomplete work), the bowels coming down the same channel as the testicles did in infancy, the sac is down in the scrotum which never returns. In such cases the fluid must be injected into the sac at or about the rings and through the canal to unite them. In the case above mentioned I injected the fluid around the ring and not into the canal. The neck of the canal stayed open. The operation left him no worse, in fact it benefited him, for before the operation the bowels would slip under the truss ten to twelve times daily, and the only way he then could reduce it was to lie down flat on his back. He can now walk through the room without the bowels protruding when he has his truss away.

Some of the cases herein mentioned were operated upon two years ago. I received the reports from all but four cases during the last three or four weeks, and all cases

operated on during the past two years indicate a radical cure, because the several patients constituting the same are about their usual business or vocation without a truss or band.

TREATMENT OF INTERNAL HÆMORRHOIDS BY DILATATION OF THE RECTUM.

BY CHAS. M. THOMAS, M. D., PHILADELPHIA.

Since reading a few years ago the interesting anatomical and physiological investigation of the French School concerning the ætiology of internal hæmorrhoids, and the operative treatment deducted therefrom, but more particularly the reports of articles written by Prof. Verneuil of Paris, I have frequently queried to myself, whether the operation for *removal* of hæmorrhoids is not, to say the least, too frequently performed.

Verneuil claims, and in this he is corroborated by the investigations of Gosselin, Panas, Dubreuil, Duret and others, that the *superior* hæmorrhoidal veins *alone* are concerned in the formation of *internal* piles, and that the middle and external set are those involved in *external* piles; that the upper hæmorrhoidal veins alone connect with the portal circulation; and finally, that the upper veins, in perforating the walls of the rectum pass through a sort of double button-hole aperture, caused by a split in the muscular element of the gut, and the two openings, lying in a line with the longitudinal and circular muscular fibres, the slits are thus at right angles to each other. Further, from an absence of all fibrous tissue about these openings, they are acted upon directly by the muscular contractions of the rectum in such a manner as to close at times these narrow apertures, and so set up both an active and passive engorgement of the veins below.

These muscular contractions, narrowing of the openings of exit, and resultant venous engorgement, may be produced by any rectal irritation; and as a consequence, all more remote conditions, such as have hitherto been looked to as a cause of piles, (*e. g.* obstructed portal circulation) may be waived aside in considering the ætiology of this trouble.

Apparently following out the results of these investigations, Verneuil, in 1874, for the first time, substituted *the complete dilatation of the lower portion of the rectum*, for the usual procedure for the removal of the tumors by the ligature, etc.

The outcome was so satisfactory that since that time, if we may judge by the statement of Fontan in 1878, the method by forcible dilatation is fast supplanting all other modes of treatment for internal piles.

Whether or not the theory on which the practice is founded is correct, it seems to me that the operation is at least deserving of more consideration than it has apparently received at the hands of English and American operators. Granting that it is not applicable to *all* cases, still the simplicity of its execution, and the little suffering or annoyance it causes the patient are, to my mind, sufficient grounds for a trial of the method, by discriminating operators. The object in the performance of this operation is to stretch and temporarily paralyze the sphincter and lower end of the bowel; very much as is done in the case of anal fissure.

For this purpose, the French advise the use of a dilating instrument or speculum, but it has been found that the object can be just as thoroughly and less injuriously accomplished by the operator's finger alone. The stretching should be done gradually and by a sort of kneading against the sphincters, rather than by the exertion of a tearing effort of the hands. The dilatation should not stop at the sphincters but include the walls of the bowel several inches upward.

The preparatory treatment is much the same as that for the ordinary operation for *removal*, while the after treatment is entirely expectant.

The patient after resting quietly for four or five days, may be allowed to leave the bed and go about.

My personal experience in this operation does not cover a large number of cases: the result however, so far as the relief of all symptoms is concerned, has been most satisfactory without exception.

In one instance I have examined the rectum two years after the operation, and found some enlargement of the veins, but no decided hæmorrhoidal formation.

So well satisfied am I with the procedure, that I have no hesitation in recommending its adoption in all cases, except where there is a decided fibrous degeneration of the piles, or when from frequent or constant prolapsus, the anal sphincters are already approaching atrophy.

DISCUSSION.

Dr. James: I would endorse the operation of removing a wedge-shaped piece of bone from the tibia for the purpose of straightening curved legs. When the curvature is great and great deformity exists I prefer the use of the chisel to the saw. By it you can make a cut as clean and smooth as can be made by a carpenter cutting wood, and no debris is left as when the saw is used. You can measure with the eye the size of the piece that is to be removed and then cut it out with the chisel.

In my treatment of hæmorrhoids I have not depended alone on stretching, for lack of boldness. I consider it good treatment, and have attempted stretching of internal hæmorrhoids previous to the removal by operation of the external, and in almost every case with complete removal of the internal hæmorrhoids. I will be emboldened by Dr. Thomas' experience and will not hestitate to adopt his method of treatment in the future.

Dr. Bowie: There is a point in the treatment of syphilis that I have not heard mentioned, and that is bathing. It should be combined with other hygienic measures and is one of the most important. I never treated a case without insisting on cleanliness, having the patient bathed morning and evening. I should give the remedies in rare doses, high or low. I have had the best results from remedies by giving a dose once in three days. I have tried frequent doses, but have had better results from the infrequent. There is a little

work by Fournier entitled Syphilis and Marriage, which I would advise every one who has to treat cases of hereditary syphilis to read. Use the measures recommended there and you will do more for your patients than with any other plan of treatment.

Dr. Willard: I use the surgical engine in operations on bone and much prefer it, for there is no dirt, and no danger of causing fractures. In curvatures of the tibia I prefer to use the chisel.

I differ with the authors of the paper on syphilis in their plan of treatment, although that given is in accordance with that usually recommended in our text-books. The remedies that have given me the best results are mercurius corrosivus, one grain to three ounces of water, ten drops being given three times a day, and at night iodide of potash, two drachms to three ounces of water, ten drops twice a day. I have used this treatment sometimes for the purpose of confirming or disproving the diagnosis.

I do not think women bearing syphilitic children necessarily become syphilitic. Nor can we readily decide as to whether children escape or not. In one patient the symptoms did not appear until the seventeenth year. When these patients have syphilis, the rash is a part of the evolution of the disease, and we need not try to suppress it by mercury or iodide of potash, but let it come out, for if not allowed to come out it may affect mucous surfaces or internal organs.

Dr. Van Artsdalen: If we were to give one dose only of the remedy to these cases, and wait two or three weeks before we repeated it, we would never have a chance to give another, for in bad cases the patient would be dead before that time. It is often difficult to make a diagnosis between the diseases that manifest themselves upon the skin, for there are many affections that closely resemble the first stage of syphilis. When I find the indicated remedy I give it often and in good doses. I rely mainly in the treatment of long cases, especially in children, on mercurius jod. cum kali jod.

Another remedy from which I have had excellent effects when given internally, is hydrastis. You can obtain the symptoms of infantile syphilis by pushing hydrastis.

Dr. Miller: I have not had much experience in treating cases of hereditary syphilis, but will relate one case. Three or four years ago a young woman gave birth to a child which had an eruption of syphilitic rupia; there was also infiltration of the lungs, and we thought it would die. When the teeth appeared they had the characteristic syphilitic form. The child's head was very large.

A second child was born and died. I concluded that if the mother again became pregnant I would treat her from the beginning, which I did, giving her mercurius jod. 3x trit. This child was born apparently healthy. It had a slight coryza shortly after birth, which lasted but a short time, and there has been no return of it and the child remains well to this day. The mother was well. This is the first opportunity I have had to treat the mother to save the child.

Dr. James: My experience in the treatment of hereditary syphilis is not sufficient to make me insist positively on the recommendation I gave, yet everything points to the necessity for continuous treatment. My own experience and observation shows me that when this plan is adopted there are no tertiary symptoms, but as these manifestations are sometimes so long delayed, possibly I have not been in practice long enough to have met them. I do not continue the same remedy, but vary it and also change the dose and potency. When the symptoms are passing away I raise the potency and give less frequent doses. In the first year I give the medicine frequently, in the second year probably two doses a week, and in the third year give the medicine for two or three days at a time, every two or three weeks. I use arsenicum jod. for the late or delayed form of the hereditary eruption or for the secondary symptoms. It seems to have much the same symptoms as the other preparations with iodine, but has more of the arsenicum indications, burning, etc. It occu-

pies the same position in the later forms as the iodide of potash does in the earlier.

Dr. O. D. Childs: I treated a case, in 1867, with tertiary manifestations, in which iodide of potash, iodide of mercury, aurum and all the other remedies that affect the nasal bones were given with no effect, until nitric acid ^{30} was given, when improvement began and continued till the case got well. Another case of a man, aged fifty years, who had severe cough and who was supposed to be dying from some disease of the lungs, was found to be suffering from the secondary form of syphilis which had eaten away his palate and nasal bones. All the remedies given him did not seem to produce any effect until a medical friend suggested to me to use a preparation of stillingia ^{0} with all the iodide of potash dissolved in it that it would take up, and to give this in teaspoonful doses every two or three hours. He took about an ounce of this preparation with great benefit, and then with nitric acid the case was cured. In cases of infantile syphilis I most generally rely on lycopodium, nitric acid and kali jod.

In treating curvature of the legs I use calcarea phos., nitric acid or lycopodium, and have had good results.

Dr. Thomas: There is not much to add, as the paper has been very carefully discussed. There is one point in the treatment of infantile syphilis that might have been more dwelt upon, and that is the preventive treatment. In my experience, which is not very extensive, I find the treatment of each individual case is very unsatisfactory. I do not know that I ever cured a case. I know, however, of many cases that have been cured by others. It is, in my opinion, much more important to prevent further infection, and we often forget that each case serves as a focus for hundreds or thousands of others. I have been called to many cases in which no care whatever had been taken to prevent infection of other members of the family. The treatment may well be begun with the mother. Mercurius and the iodide of potash are the remedies *par excellence.* I doubt if we often need the iodide of potash in infantile syphilis.

We are all too enthusiastic as to the treatment of syphilis. My results in infantile syphilis are not good. Many inveterate cases come to us in which nothing can be done and the cases go on to a fatal termination. I have seen many such cases in my own practice and in that of others, so in treating syphilis I make a very guarded prognosis, and tell each patient, no matter how mild a case it may apparently be, that there is a strong probability that it may do badly.

I have operated a number of times for curvature of the legs, and in anterior curvature have removed wedge-shaped portions of bone. In some cases I have done this sub-periosteally, and in others by cutting the periosteum out along with the wedge. I find the latter operation preferable, as the cases do better when treated in that way. In cases of lateral curvature, I have invariably broken the leg by bending it across my knee. This usually causes a complete, but sometimes only a partial or green-stick fracture. The result has generally been perfect, as it causes only a simple fracture, and the reaction is almost *nil*.

In connection with Dr. Childs' case of exhaustion, I would say that I have lost three cases of amputation, from secondary hæmorrhage, and was threatened with a fourth. Transfusion was tried in one of the three fatal cases, but without good result, and in the fourth case used auto-transfusion, by elevating the limbs and also applying an Esmarch bandage, and the patient recovered.

I want to say a word about the use of iodoform. Dr. Franklin, of St. Louis, claims that he finds it unnecessary to go outside of homœopathic remedies in the treatment of wounds by local means, and claims that he has as good or even more brilliant results as are attained by those who use antiseptics, germicides, etc. I have seen good results from the use of iodoform and also from iodine, and have used the iodine during the progress of an operation. The questions that come up in relation to this matter are: Do we do wrong by resorting to remedies used by old school practitioners? and can we

have as good or better results by relying wholly on homœopathy?

I was much pleased with the case of fracture of the malar bone, reported by Dr. Childs, and with his boldness in endeavoring to restore the contour of the face. The usual treatment of such cases is to let them alone and make no attempt to remove the deformity. I do not consider this good practice, for by leaving the fractured bone in its depressed position it will encroach upon the cavity of the antrum, or by interfering with the nasal passages, cause trouble in respiration. Subcutaneous means have been tried to elevate depressed fractures of the face, as by driving a screw into the bone and in this way elevating it, but Dr. Childs' case shows that it is not running undue risk to cut down and raise the fragment.

REPORT OF THE BUREAU OF PÆDOLOGY.

Dr. C. Van Artsdalen, Chairman of the Bureau of Pædology, presented the following papers, which were accepted and referred to the Publishing Committee:

Scarlatinal Sore Throat, by C. S. Middleton, M. D.

Gangrene of the Mouth, by S. F. Shannon, M. D.

Ranula, by M. M. Walker, M. D.

Inflammation and Ulceration of the Tongue, by E. S. Sharpless, M. D.

Tonsillitis, by Lora C. Jackson, M. D.

Stomatitis, by H. M. Bunting, M. D.

Retro-Pharyngeal Abscess, by W. F. Edmundson, M. D.

Scarlatina, by the Society of the Twenty-third Ward, Philadelphia.

Rhinitis, by C. Van Artsdalen, M. D.

SCARLATINAL SORE THROAT.

BY C. S. MIDDLETON, M. D., PHILADELPHIA.

Sore throat in scarlatina presents one of the most annoying, and sometimes one of the most dangerous associations of this disease. It is always present, either in a very mild and

modified form, or, as some of us know from experience, in a degree sufficiently severe to endanger life. In the mildest attacks of scarlatina the throat is often only slightly red, and the patient complains but comparatively little, and this slight local irritation yields along with the eruptive manifestation when the disease has run its course. But, often in these mild attacks, when but little inflammation of the fauces has been manifest during the eruption, and when the latter has seemed to have passed through all the stages properly, on the subsidence of the cutaneous inflammation the angina begins to increase, and we yet have much difficulty in curing the sore throat which remains.

The above course is particularly true in the more serious forms of scarlatina, unless we are fortunate in having aided in destroying the poison of this dreadful disease.

It seems scarcely necessary to attempt a description of the various forms of sore throat which may be encountered in scarlatina, as they are chiefly only different degrees of a condition dependent upon the specific poison, angina *faucium* being one of the peculiar manifestations of this disease.

The inflammation in the throat becomes severe if the patient be susceptible to the poison, or other constitutional idiosyncrasies encourage a destructive process there.

This inflammation is often followed quickly by ulceration and destruction of the arches, velum palati, tonsils, etc., and indeed the whole buccal cavity occasionally becomes involved.

This ulcerative process may extend downward until it reaches the larynx, thereby complicating the case with spasm, and œdema of the glottis, which often carries the case beyond the hope of recovery.

So also this destruction of tissue may pass upward at the same time, through the posterior nasal fossa and into the external nasal cavity; into the Eustachian tubes and auditory canals, causing disaster more or less severe and lasting to the organs of special sense involved.

With the above described condition, we often have diphtheritic complication, accompanied by excessive deposits of

membrane peculiar to it, fœtid breath, and horrid discharges from the nose and throat.

There are scarcely any remedies in the materia medica which may not be brought into requisition under certain conditions in treating scarlatinal sore throat; therefore, to abbreviate this paper, it will be the aim to give a few of those most frequently required, with some of the most prominent indications for use.

Aconite. Intense congestion in the throat; fauces dark red; burning and numbness in the throat—almost entire inability to swallow, with hoarseness. High fever; skin hot and dry; burning, unquenchable thirst. Pains insufferable, especially at night. Attacks of fainting on being raised from the recumbent position. Anxiety, and inconsolable anguish, acute delirium especially at night. Rheumatic pains in joints and limbs.

Belladonna. Intense soreness, and bright redness of the throat, worse on right side. Constant, involuntary swallowing—liquids more difficult to swallow than solids. Throat dry, red and shining. Ulcers beginning to form, and cervical glands suddenly affected. Skin hot, dry (or moist,) and very red and shining. Convulsions, from absence, or retrocession of rash. Stupor and insensibility; face dark red or purple, and puffed. Delirium, violent and constant; easily excited; becomes violent; tries to escape; tries to bite and tear things. Sings and laughs, and yet easily moved to tears. Worse about three or four o'clock P. M., and at night. "Strawberry tongue," or dry and red.

Kali bichrom. Soft parts not so red as described in acute stage. Applicable when the ulcerative process is raging. Deep ulcers with red areola; ulcers covered with yellowish, dirty matter, offensive. Uvula œdematous and elongated; sensation of plug in the throat. Pain on swallowing, extending toward the ear, worse on left side; worse on swallowing solids. Discharge from nose and mouth of tough, stringy mucus. Putrid odor. Tongue coated, brownish and dirty, or, raw red appearance when further advanced. Listless, indifferent humor. Lymphatic temperament.

Lachesis. Fauces purplish and swollen, or ulcerated. Uvula elongated; feeling of plug in throat which descends on swallowing, but returns again. Constriction in throat. Cannot bear anything to touch the throat on the outside. On swallowing fluids, they escape through the nose; throat relieved by swallowing solids. Soreness, worse on left side. Diphtheritic patches; fœtid breath. Symptoms worse after sleeping. Restless; mistrustful and suspicious; muttering delirium, worse after sleep.

Merc. bin. jod. Diphtheritic patches of dirty cheesy appearance on tonsils and fauces. Throat very sore; tonsils swollen, suppurating. Cervical and submaxillary glands swollen. Hawks and spits tough white phlegm. Throat very red and swollen. Tongue dirty white or brownish. Low spirited; ill humor.

Merc. prot. jod. Symptoms are very similar to the last mentioned, or bin. jod., only the right side is most affected.

Merc. sol. H. Throat very sore; sensation as if something had lodged in the throat. Pain in the throat when swallowing and hoarseness. Stitching pain in the tonsils when swallowing. Ulceration passing down to larynx, and into ears. Ulcers in throat complicated with syphilis. Glands swollen and suppurating. Salivation. Despondent; restless; complaining, irritable disposition.

Muriatic acid. Dark bluish-red fauces. Rawness and smarting of the fauces. Ulcers in throat, spreading upward into the nasal cavity, with discharge of corrosive ichor from the nose. Low constitutional symptoms; disorganization of blood.

Nitric acid. Any, or all parts of the buccal cavity ulcerated; corners of mouth sore. Gums sore. Diphtheritic membrane on tonsils and fauces, extending to the nose; terrible fœtor; salivary glands swollen. Pricking as from a splinter in the throat, worse on swallowing. Symptoms all show great systemic poison. Useful after mercury, or syphilis. Nervous and excitable. Anxiety and fear of death.

Sulphuric acid. Serpiginous ulcers, spreading rapidly. Ulcers covered with a white albuminoid membrane, diphtheritic in character. Thick yellow membrane on fauces, tonsils, teeth and lips; sticks like glue. Parotids swollen; stench from the mouth. Stinging in throat and chest at same time. Sore throat in scarlatina, with mucous membrane in buccal cavity and gums covered with aphthæ. Much systemic poison and local destruction.

The old adage, that "an ounce of preventive is worth a pound of cure," is remarkably good logic when applied to scarlatina; but we are not always in a position to apply the doctrine in its broadest scope.

The next best thing is to prevent, if possible, the full development of the poison in the system after the patient has become infected. This we believe can be done in a great many cases, especially under homœopathic treatment with the ordinary remedies. There is one remedy however, not in general use by the physicians for this purpose, which I have used for years in zymotic diseases with excellent success, and with which, I am confident, many cases of scarlatina, when presenting symptoms of the gravest character, have been soothed into mild forms, and consequently the throat troubles and other sequences have been reduced to a minimum.

This remedy is *carbolic acid.*

I know that it cannot be considered homœopathic to scarlatina, nor do I claim to use it under that impression, but that it destroys a material poison when given in an appreciable dose I am certain.

I do not claim originality in its use in scarlatina, but I do claim originality in using carbolic acid in variola, to which it has homœopathic affinity.

I use carbolic acid freely in water, first dilution, during the first or eruptive stage of scarlatina, also during later stages when the system is laboring under the effects of the poison, and when, from neglect or bad treatment, we have to contend with bad conditions.

I do not wish to be understood as saying that I rely upon this drug universally, but it helps me out, many, many times, in the worst cases.

GANGRENE OF THE MOUTH.

BY S. F. SHANNON, M. D., SEWICKLEY.

This is an affection occurring chiefly in children of debilitated constitutions, and especially as a sequel of eruptive diseases. It begins usually by ulceration of the mucous membrane of the cheek, which after a longer or shorter time runs into gangrene, and extends rapidly to the gums, and, unless arrested, in a few days the central tissues of the cheek become thick and indurated, an eschar forms upon the integument and spreads in depth and width until the cheek may be perforated, the side of the face and jaws destroyed, the teeth loosened, and the maxillary bones exposed and necrosed. It is known by various names, as gangrænopsis, cancrum oris, gangræna oris, gangrenous stomatitis, etc. It occurs but rarely in private practice, but is more common in hospitals, sometimes occurring endemically in them.

Predisposing Causes.—Most commonly occurs during childhood, and especially between the ages of three and six. It rarely occurs among infants. Sex has little or no influence. Unfavorable hygienic surroundings constitute a strong predisposing cause.

It occurs most frequently among children of the poor; in those debilitated by long illness; in those of the tubercular diathesis, and those suffering from acute diseases. It frequently follows upon measles or some other eruptive disease, pneumonia, entero-colitis, whooping cough, long continued malarial fevers, etc. Some authors state it has never occurred as an idiopathic disease. It may occur from the previous use of the mercurial preparations.

Symptoms.—Ulceration, aphthæ or phlyctenæ of the mucous membrane of the mouth, or else œdema of the substance of the cheek is first noticed usually. The face is pale,

the nostrils and eyelids encrusted, eyes infiltrated or sunken, and surrounded by bluish circles, lips swollen and covered with scabs or dry. Breath at first fœtid, and later on gangrenous. The temperature at first is about normal, unless when following some acute disease; pulse small and frequent at beginning, gradually rising from 80 or 90 to 100 or 120. In cases occurring in the course of other diseases the pulse may rise to 140, and is larger and fuller. The child is languid and quiet at first, or more rarely is cross and peevish. The amount of strength of the patient varies; usually there is but little complaint of pain in the mouth, but at other times the pain is very severe. The ulceration at first is of a grayish color; may be situated on the gums, in the fold formed by the junction of the cheek or lip with the gum, or on the inside of the cheek opposite the space between the alveolar processes. It may be gangrenous in appearance from the very first, or not be so until after two or three days, or it may pass through the stages characteristic of ulcerative stomatitis and terminate in gangrene of the mouth. The ulcerations become grayish, then dark in color, bleed easily when touched, and are covered with pultaceous sloughs exhaling a characteristic odor. The gangrene extends and implicates finally the whole side of the mouth or of the lower lip. At the same time the diseased cheek or lip becomes infiltrated; at first rather soft, but afterwards firmer, and at last a hard, rounded knot or tumor is formed in the centre of the cheek, which is now tense and shiny, and pale, or marbled with purple spots while the slough inside is brownish, more extended and frequently surrounded by a dark ring. The tumor usually appears between the first and third days, though sometimes it does not appear till later. It is formed by engorgement of the cellular and adipose tissues. At this time the face is swollen and destitute of expression on the affected side, a bloody or dark colored saliva runs from the mouth, which is partially open, the appetite is not entirely lost in all cases, the patient still asking for and taking food. Vomiting

is rare; diarrhœa is almost always present. There is generally intense thirst, the skin is warm and feverish, natural or too cool, and is usually dry. Respiration is natural or altered according to the nature of the primary disease, which, as before stated, is usually a pulmonary affection.

Should the disease continue to progress, about the sixth day an eschar or slough forms upon the most prominent and discolored part of the swelling of the integument of the cheek or lower lip. The skin where the eschar is about to form becomes purple, then black, sometimes a phlyctena appears, which soon becomes converted into a small, dry, black slough. This, if not limited, becomes larger and larger, by the extension of the sphacelation, until it may embrace the whole side of the face. During the closing stage of the disease there is generally a profuse diarrhœa, rapid emaciation, dry skin, small, rapid pulse, and at last death in a state of utter prostration.

In favorable cases the recovery may take place in an early stage, before the integument becomes involved, and while the gangrene is limited to the mucous membrane, or at a later period after the slough has separated. In the first case there is usually no deformity, but if recovery occurs after the formation of the cutaneous slough an ugly scar is left. The duration of the disease varies according to its termination; when this is unfavorable death usually occurs in the first week or ten days. In favorable cases the duration is longer, the separation of the slough and cicatrization requiring a longer time.

Of *complications* the most frequent is pneumonia; another dangerous one is gangrene in other parts of the body.

Diagnosis.—May be diagnosed from stomatitis, in that the odor in gangrene of the mouth is always gangrenous, the extension of the local lesion is more considerable and rapid in gangrene than stomatitis, salivation in gangrene is abundant, in stomatitis there is not so much. Frequently there is perforation of the soft parts in gangrene, while it occurs seldom

in stomatitis. The course of gangrene is rapid and usually fatal. May be diagnosed from malignant pustule, by the fact that the latter first attacks the skin and spreads to the mucous membrane, while gangrene begins in the mucous membrane and spreads to the skin.

Prognosis.—Is exceedingly unfavorable. It is more favorable in private practice than in hospitals. Favorable circumstances are good hygienic conditions, vigorous constitution of child, absence of dangerous concomitant disease, continuance of appetite and strength, and a disposition to limitation and separation of the slough. Death occasionally occurs from hæmorrhage, from separation of the slough.

Treatment.—No treatment promises very much success. All the old school authors highly recommend the use early of some escharotic substance to the ulcerations or mortifying parts. The substances used for this purpose are various, Meigs & Pepper (page 314) recommending muriatic acid to be used several times a day, washing the mouth out afterwards with water. The mouth should also be frequently washed with a dilute solution of carbolic acid or chlorinated soda.

The general treatment should consist in good nourishing food, stimulants usually being necessary unless contraindicated by the presence of high fever. The diet should be milk made into punch with brandy, wine whey, strong soups, beef tea, and tender meat finely minced.

The room occupied by the patient should be large and thoroughly ventilated.

Remedies.—The remedies most suited to this disease are arsen. alb., arum tri., baptisia tinct., borax, carbo veg., crotalus horr., helleborus, hepar s. c., hydrastis, lachesis, kali chlor., lycopodium, kreosote, nit. acid, secale corn., silicea, staphisagria.

Arsen. alb. Livid, blackish, or purplish appearance of the ulcer, great burning in mouth, diarrhœa, prostration, anxiety, restlessness, patient is worse from one to three A. M., ulcer has high edges.

Arum tri. Burning and biting sensation in mouth, profuse salivation, swelling of lips and mucous membrane of mouth. Saliva acrid. Putrid odor from mouth.

Bapt. tinc. Copious saliva, gums loose, flabby, dark red or purple; fœtid, offensive stools.

Borax. Great heat and dryness of the mouth. Mucous membrane shrivelled as if burnt.

Carbo veg. Saliva increased, bloody. Edges of gums yellow, indented, gums loose, receded. Tongue turns black.

Helleborus nig. Mouth, gums and tongue full of flat, yellow ulcers, with elevated gray edges, or red, swollen bases. Carrion-like odor, salivation. Ulcer is painless.

Hepar s. c. Especially in cases arising from previous use of mercury. Base of ulcer resembles lard.

Hydrastis. Excessive secretion of thick, tenacious mucus. Gangrenous stomatitis after use of mercury or chlorate of potash. Peppery taste in mouth, tongue raw, or as if burned.

Lachesis. Ulcer sensitive to touch: ichorous, offensive discharge; surrounded by numerous small pimples; areola purple. Feels better from warmth.

Lycopodium. Part bleeds when touched, tearing and itching at night; fistulous with hard, red, everted edges, and inflammatory swelling of the affected parts.

Kreosote. Putrid odor from mouth. Rapid emaciation. Glands of neck swollen. Intense thirst. Bleeding of gums and nose. Gums are scorbutic, spongy.

Nit. acid. Cadaverous smell from mouth. Saliva fœtid, acrid, makes lips sore; bloody saliva. Stinging pain in ulcer; edges irregular. After use of mercury or in syphilitic patients.

Kali chlor. Great fœtor of mouth. Mouth is red and swollen. Secretion thick or watery. Gums puffed, white or yellowish-white color.

Secale corn. Recommended by some English authors as specific. Parts feel worse from warmth. Gangrene from anæmia.

Silicea. Profuse salivation. Ulcer bleeds easily. Discharge very offensive. Fistulous opening, surrounding part being hard, swollen, bluish red. Useful in rachitic patients.

Staphisagria. Great accumulation of water in mouth. Mouth and tongue full of blisters. Gums white, spongy. Swelling of sub-maxillary glands.

RANULA.

BY M. M. WALKER, M. D., GERMANTOWN.

Definition.—Cystic formations in the mucous membrane beneath the tongue, which take their origin sometimes in the ducts of the sublingual or sub-maxillary glands, sometimes in the areolar spaces, and possibly also in the bursa between the genio-hyo-glossi muscles.

A. Internal Ranula. *Description.*—The majority of cases of ranula are unconnected with the salivary glands; and in many instances a probe may be passed along the ducts, or the saliva may be noticed flowing from them while the ranula remains unaltered.

Other cases belong to that simple variety which depends merely upon an accumulation of the normal secretions in a natural cavity, such as a duct, which has become temporarily obstructed. Such obstruction may arise from local inflammation, from inspissation of the normal fluid, or from the impaction of a salivary calculus.

Treatment. The majority of cysts in this situation lie just beneath the mucous membrane. They are, moreover, always small at their commencement, so that if the attention of the surgeon is called to them early, they can generally be cured by taking up a piece of cyst-wall, and cutting it off with scissors; or a seton may be passed through the tumor and knotted when the cyst will gradually contract.

B. External Ranula. *Description.*—These are larger tumors, which lie between the tongue and the jaw, and become prominent at the upper part of the neck. Though the term

ranula is applied to them, they are different in character, and analogous to the sebaceous tumors which are so frequently met with in the skin, containing, like them, a thick, gritty substance of a fawn color, often very offensive. This material is made up chiefly of epithelium, plates of cholesterine and oil.

Sometimes these enlargements advance very slowly: but in other instances their progress is extraordinarily rapid, and then the disease is called *acute ranula.*

Treatment.—The cure of cases of this class is more difficult and tedious. The cyst should be freely opened from the mouth, the contents scooped out, and the cavity filled with lint. Sometimes it is desirable to make a counter opening in the neck, and to treat the disease as an ordinary abscess. Passing the seton may be useful. To dissect the cyst out is an unnecessary proceeding, and not always free from danger. (Quain's Dictionary of Medicine.)

Homœopathic Treatment.—The medicines which have been found most successful in relieving this affection, are merc. sol., cal. c., and thuya.

Mercurius should be employed when there is excessive secretion of saliva, with soreness of the surrounding gums, and there is disposition to profuse sweat, the sufferings being aggravated at night.

Calcarea carb. is an excellent medicine, and is particularly adapted to children affected with scrofulosis; when there is violent burning in the buccal cavity, with difficulty of speech.

Thuya should be employed when the tumor is transparent, jelly-like, blue, red or gray; and when the disease is accompanied with soreness of the whole palate, and with swelling of the salivary glands.

Other medicines are petrol., puls., sil., stram., staph. and sulphur.

If medicinal means fail, an attempt must be made to open the ducts from within, which may often be very difficult. The better plan is to raise the upper part of the cyst with a pair of forceps or a tenaculum, and cut off the upper surface, then introduce cotton or lint soaked with a solution of iodine. If

there should be great enlargement of the glands, an incision should be made on the outside through the integument, as cutting deeply within the cavity of the mouth might result seriously. (Helmuth's Surgery.)

Touching the tumor with hydrastis tincture might be useful.

I treated a case about seven years ago with our remedies unsuccessfully. I then burned the tumor with lunar caustic. After two operations of this kind the ranula disappeared, and has given no trouble since, except when the patient eats something sour, then there is some "puckering" of the parts, as she calls it.

INFLAMMATION AND ULCERATION OF THE TONGUE.

BY EDWARD S. SHARPLESS, M. D., PHILADELPHIA.

The principal morbid conditions affecting the tongue may be thus enumerated in alphabetical order: 1, Adhesions; 2, Atrophy; 3, Cancer; 4, Hypertrophy; 5, Inflammation; 6, Parasitic affections; 7, Syphilis; 8, Tongue tie; 9, Tumors; 10, Tylosis, and 11, Ulceration.

In this paper will be discussed the two heads of inflammation and ulceration, and aphthæ or thrush, this being a form of slight superficial ulceration.

Inflammation of the Tongue or Glossitis.—Occasionally the surface of the tongue is covered by a crop of vesicles, a kind of herpetic eruption, and this without affecting the deeper structures. At other times the whole substance of the organ becomes acutely inflamed.

Fifty years ago, by far the most common cause of inflammation of the tongue was the excessive use of mercury; but happily mercurial glossitis is now more seldom seen.

In some cases acute glossitis arises from a chill; the inflammation, for some reason unexplained, attacking the tongue, just as in other cases, the same existing cause gives rise to quinsy or coryza.

Sometimes it is due to contact with septic substances, or to the eating of particular articles of food, or to taking corrosive or acrid substances into the mouth; or it may arise in the course of eruptive diseases, or sometimes without any assignable cause.

SYMPTOMS.—The earliest symptom of glossitis is a red line along the gums, at their junction with the teeth. The gums are spongy, tender, and apt to bleed. At the same time the breath acquires a peculiar and offensive fœtor, known as mercurial, and the patient has a disagreeable taste in the mouth. As the case advances, the gums, tongue, and inside of the lips and cheeks become much swollen. The tongue is sometimes so large as to protrude from the mouth. At its edges it becomes deeply marked and indented by the teeth, and it is very prone to ulceration. The flow of saliva is incessant. The salivary glands are enlarged and painful, and the teeth ache and become loose, though it seldom happens that they drop out. The pulse and respiration are hurried. There is great thirst, and the patient has difficulty in swallowing and speaking.

These symptoms usually subside under proper treatment, but occasionally pus forms in the substance of the tongue, or ulceration, even gangrene, may set in.

TREATMENT.—The principal remedies in glossitis are acon., apis, ars., bell., calc., caust., conium, lach., merc., petrol., sulph. ac.

For Abuse of Mercury.—Calc., cupr. acet., hepar and nitric acid.

For Induration.—Carbo veg., conium, lycop., mezer.

As a wash while the inflammation is at its height, water as hot as can be held in the mouth; later, dry powdered alum, or borax or chlorate of potassa. Dilute nitric or hydrochloric acid is also recommended. In case pus has formed it should be evacuated by an incision.

Aphthæ, or thrush, as it is more commonly called.—The term aphthæ should be confined to the cases in which the *oidium albicans* is present; the term thrush allowing a wider signification, and including many cases of simple stomatitis.

It was not until 1842 that the precise nature of these white patches was ascertained. And it was first shown by Grueby that they depend upon the presence of a microscopic fungus, subsequently referred by Robin to the genus oidium, and called by him oidium albicans.

Description.—Thrush is characterized by small white flakes scattered over the tongue and mucosa of the mouth and lips. Occasionally the disease spreads down the œsophagus.

It is frequently met with in infancy, and in adults it occurs in the last stages of wasting diseases.

The white flakes are composed chiefly of exudation from a small spot of acutely inflamed mucosa; thus it is that they are surrounded by a red areola, and that, if picked off are speedily reproduced.

In the cases which are strictly speaking aphthous, the white flakes may be transferred from the child's lips to the nipple of the mother. The spots are apt to occur in clusters and successive crops, some fading as others appear.

They are attended with local heat and tenderness, feverishness, drowsiness, and perhaps diarrhœa.

The patches sometimes coalesce and form large patches which when removed leave small, flat, oval or circular ulcers with inflamed bases, and thin yellowish or grayish sloughs.

Hygienic Treatment.—Thrush in infancy is usually due to either improper or insufficient food, giving rise to an acid state of the secretions of the mouth. If the infant is being nursed by its mother, inquiry should be made into the state of her health, as the disease may be kept up by, or perhaps arises from, a morbid condition of her milk. If being raised on the bottle, scrupulous cleanliness should be observed, in not only the artificial food or milk with which the child is supplied, but also the vessels in which it is kept, and the bottle and spoons, etc.

If, notwithstanding every precaution, artificial feeding does not agree with the child, a wet nurse must be provided.

Remedies.—Among the most important may be mentioned bapt., borax, eupat. arom., hydras., merc., nux, plantago, sulph.

acid, sulph. etc. Locally, pulverized sugar on the tongue, or borax and sugar.

In old persons, where the fungus is present on the tongue, it may be destroyed by sulphide of soda, one drachm to one ounce water, or dilute sulphurous acid or carbolic acid diluted.

Ulceration.—Ulcers of the tongue may be syphilitic or cancerous, or they may be of simple origin. Simple ulceration is usually associated with dyspepsia.

Such ulcers are generally situated on the side or upper surface near the tip, or on the frænum. They are encircled by an inflamed margin; shallow; their bases being flat and covered by a yellowish grey slough; sensitive to touch and movement, and sometimes discharge offensive matter accompanied by swelling of the sub-lingual and sub-maxillary glands.

Simple ulcerations may be caused by the tongue being bitten, scalded, irritated by sharp points of tooth or by rough accumulation of tartar on teeth.

Syphilitic Affections.—These form five-ninths of all the lesions of the tongue which come under our notice. Primary sores are sometimes found on the tongue, though their occurrence is comparatively rare. For the sake of clearness these syphilitic affections may be arranged in four classes: (a), superficial ulcerations; (b), mucous tubercles and vegetations; (c), gummy tumors and deep ulcerations; and (d), chronic morbid states of the mucous membrane.

Superficial Ulcerations.—Slight superficial ulcerations of the tongue are very common in the secondary stage of syphilis. They are situated on the sides, tip, and free under surface, and are often associated with similar conditions on the insides of the lips and cheeks and angles of the mouth. They begin in small inflamed spots and spread into linear cracks and fissures (rhagades) which are very sensitive and heal slowly, leaving whitish cicatrices, which are very persistent.

Mucous Tubercles and Vegetations when they occur on the tongue are generally met with about the sides and under surface of the organ, or on the frænum, and have been noticed

to coexist with mucous tubercles and vegetations about the anus or labia, or other parts of the body.

Gummy Tumors and Deep Ulcerations.—Gummata are common in the tongue, from the size of a pea to a large marble. Histologically they consist of granulation-tissue, which becomes very imperfectly organized into a fibrous structure, and rapidly undergoes degenerative changes, so that the growth comes to be made up of atrophied and broken-down cell products, imbedded in an incompletely fibrillated matrix. When they degenerate they form a soft, semi-fluid material, which may either be absorbed or make its way slowly to the surface. When the latter course is followed, they break and either heal up slowly after discharging, or form the starting point for deep intractable ulceration.

Chronic Syphilitic Disease.—Various morbid conditions of the mucosa of the tongue are often seen in the later stages of syphilis. Sometimes circumscribed patches of the epithelium become dead-white, and drop off, leaving a red raw surface beneath. The epithelium is speedily restored but another patch is affected in a similar manner, and so continuing. This is the proper psoriasis linguæ.

Or, again, when the inflammation is deeper seated, we have chronic superficial or actual glossitis.

This condition is most commonly met with in patients who have long suffered with syphilis, and the question will sometimes arise whether it is due to the disease or to the drugs by which the disease has been combated. Syphilis is so prone to manifest itself in the tongue that no doubt, in some cases, the disease is caused by it alone, or with dyspepsia. But in other cases, especially those attended by fœtor and an alteration of the mucous secretion, there is no doubt aggravation, if not cause, in excessive medication, especially mercury and iodide of potassium in large doses.

Remedies in Ulceration of Tongue.—Simple ulcer: Kali chlor., merc., mur. acid, nitric acid. Syphilitic: Fluoric acid, merc., nitric acid, kali bich., kali jod., etc. Cracks and

fissures: Rhus tox. Hypertrophy: Ars., sulph., jod., graph., kali, nitric acid, plumbum.

In the treatment of these syphilitic affections the importance of good hygienic treatment should not be overlooked, the patient should be well nourished and warmly clad; if mercury has been given to excess the proper antidote should be prescribed, and healing of the ulcers may be stimulated by touching the edges with nitrate of silver or nitric acid.

Cancer of the tongue is most frequently seen between the ages of forty and seventy; it is more than twice as common in men as in women.

Cancer of the tongue commences either as a small excrescence, blister, or crack; or as a hard lump in the substance of the organ. Its origin may be traced to some local irritation, or to some previous lesion. In whatever way it begins, the same symptoms are common to all varieties. There is occasional pain darting and radiating toward the ear, temple, and vertex. The diseased portion is tender; eating rendered difficult; speech is thick and indistinct; the base of the tongue becomes infiltrated, and the organ cannot be freely moved or protruded from the mouth. The sub-lingual and sub-maxillary glands, as well as the lymphatics of the region, become enlarged and painful. There is an increased flow of saliva. The circulation through the brain may be disturbed and the patient then complains of giddiness and headache. Rapid loss of strength and wasting manifest themselves.

The local disease gradually involves more and more of the mouth. Sometimes large sloughs form, and profuse bleeding takes place. The difficulty of swallowing and even of breathing is great on account of the obstruction which the disease causes at the pharynx; and this is increased by œdema caused by retardation of the venous current.

Gradually the growth invades the neighboring parts, and frequently before death pneumonia or bronchitis sets in.

The most common seat of cancer of the tongue is on the side of the organ at its middle or back part. It is almost

always of the epithelial variety, very rarely scirrhus or encephaloid. Its average duration is fifty-seven weeks if no operation is performed.

The diagnosis between cancer and the syphilitic affections of the tongue is often very difficult in the early stages of the former affection.

TREATMENT.—Compare ars., caust., carbo an. and veg., conium, *hydrast.*, lach., *phytol.*, sepia, sil. and sulph., apis, asafœtida, aurum met. and mur., clematis, mercury and nitric acid, arsenicum jod., bell., bry., calc., chimaphila, phosphorus, cedron, etc.

Gallium aperinum.—Fluid extract three drachms per day in water, two doses morning and evening, and applied locally, is favorably spoken of by Helmuth in cancer of the mouth and tongue.

Cundurango also has a reputation with some.

Lapis albus is also mentioned.

If diagnosed early, an operation for the removal of the diseased portion is the proper course. The operations are either complete, when the whole disease can be removed, or palliative, when they are undertaken for the relief of symptoms. They may be performed either with the knife, scissors, galvano-cautery, the ecraseur, or the ligature. The knife is most expeditious, but is attended with great hæmorrhage, hence no anæsthetic can be used. With the galvano-cautery or ecraseur there is little or no hæmorrhage and anæsthetics can be used. The ligature involves the presence in the mouth of a disagreeable slough for some days.

When the case admits only of palliative treatment, portions of the diseased tissues may be removed or the gustatory nerve destroyed to relieve pain and excessive salivation; or the lingual arteries tied to arrest hæmorrhage. If the case admits of no operation, pain may be blunted by the use of morphia or conium, and if the patient is unable to swallow, it may be necessary to feed by means of the stomach pump or enemata.

TONSILLITIS.

BY LORA C. JACKSON, M. D., PHILADELPHIA.

Tonsillitis or quinsy is a parenchymatous inflammation of one or both tonsils.

The first indications are similar to ordinary angina of the fauces. The swelling is usually preceded by some fever, followed by a dull aching and tenderness, with great dryness of the throat; deglutition becomes difficult; fluids swallowed sometimes return through the nostrils. The voice is thick and of a nasal character, or is lost. The fever increases, with headache and restlessness. The tongue is heavily coated and thirst is great.

When the throat can be examined, there is found to be redness of the fauces and enlargement of the tonsils, which are covered with white or yellowish opaque spots. The urine is diminished, with a high specific gravity.

Cases vary much in intensity, usually attaining their height in five or six days, terminating in resolution or suppuration. The latter may be suspected when there is persistent pain for three or four days in the angle of the jaw, shooting up into the ear. The tonsil then becomes soft and fluctuating. The abscess usually breaks very suddenly, followed by speedy relief to the patient. The inflammation may extend to the salivary glands, which swell, and ptyalism is developed.

The following case may illustrate the rapidity with which the disease may run its course: The patient had been quite well until she felt, at a noon dinner, a pricking and cutting sensation in her throat when swallowing. The tongue began to swell, and by night articulation was so imperfect that it was almost impossible to make her wants known, nor could the throat be examined.

On the third day the tonsils broke, three hours apart, when the swelling of the tongue and all suffering subsided. The patient was not aware of having taken cold, nor had she been subject to tonsillitis or even sore throat. This being the

only attack although several years have elapsed, proves an exception to the general rule that one attack predisposes to another. Continued attacks may and most likely will lead to chronic enlargement of the tonsils.

Quinsy is most common in youth and adults. As the causes are usually from exposure to damp and cold weather, subjects are more liable in the spring and fall.

We, as homœopaths, are justified, I think, in claiming a greater success in the treatment of tonsillitis than those of the other schools.

As it would be impossible in a paper of this kind to give all the remedies and their indications, a few cases only will be given as an illustration of the efficacy of the following principle. The more closely the symptoms of the disease are allied to those of the remedy, and the smaller the dose, the more quickly will be that result so desired by both patient and physician.

Case 1.—Miss M.; aged twenty years; sallow brunette, heavy features. A student of elocution, who had been subject to an annual attack of quinsy for several years, which always resulted in suppuration under the old school treatment, was induced to try homœopathic treatment when the case was in such an advanced state that the formation of pus had already begun. This symptom with painful dryness of throat, with the mouth full of saliva, and a large flabby tongue taking the imprint of the teeth, suggested the administration of mercurius ^{30x}, which was followed by resolution and such speedy recovery that she resolved hereafter to have homœopathic treatment for quinsy.

Case 2.—Annie J.; aged twenty-four years; servant: a large, strong, muscular Irish girl. Subject to attacks of quinsy: complained Saturday evening of sore throat and general malaise; was seen Sunday morning; found her complaining of headache, backache, soreness and aching of the limbs, sore throat, stiffness and soreness of the muscles of the neck. An examination revealed a swollen, white tongue, a dark redness

of the fauces, a swelling of the tonsils, with white opaque spots, and a pulse of 120; the temperature was not taken. The pain was worse on the left side, shooting up into the ears, when swallowing. This symptom, with that of the dislike to have anything touch the neck, decided me in the use of lachesis ^{200}. By evening she was very much better, and the next day was able to be up and about her work. Complaining still, however, of soreness in the occiput and the muscles of the neck, she was given sac. lac. with satisfactory result.

STOMATITIS.

BY H. M. BUNTING, M. D., NORRISTOWN.

Stomatitis consists of an inflammation of the mucous membrane of the mouth.

The simplest form of the disease is characterized by a general increased redness of the mucous membrane of the buccal cavity and the gums, which latter appear thickened and sensitive on pressure. The tongue is roughened and appears covered with a thick layer of raspberry syrup, which later on in the disease is followed by a white coating. Mucus flows almost continuously from the corners of the half opened mouth, causing excoriation and reddening of the chin. In taking the breast, nurslings let go the nipple on account of pain. There is also slight febrile movement and restlessness. This form of stomatitis frequently occurs during the process of teething, and unless quite severe requires no treatment.

A more common variety, and one which occurs more frequently than the first, is the stomatitis aphthosa.

This attacks children of from a few months to the middle of the third year. In this variety we have, in addition to the symptoms of the above, grayish-white patches, from the size of a pin's head to that of a pea or larger, which are surrounded by a narrow red border, and situated on the edges, tip and dorsum of the tongue, and on the mucous membrane of the cheeks, palate and lips, which latter are thickened and bleed easily.

Not infrequently associated with this are groups of herpes vesicles at the borders of the lips, and grayish excoriations at the corners of the mouth. The tongue is usually covered, except at the edges, with a thick grayish-yellow coating. The secretion of saliva is increased, and the gums are dark red and swollen. There is fever, restlessness and pain, which interferes with nursing or eating. As a rule there is no bad smell from the mouth.

The pathology of this affection, according to Goullon, is connected with the formation of fungi (oidium albicans), which depends upon predominant acidity.

We may find the patches projecting from the level of the mucous membrane. This is due to a deposit of fibrinous exudation in the superficial layers of the mucous membrane.

TREATMENT.—Nit. ac., merc., bapt., borax, kali chlor., sulph. Borax ^{1x}, dusted on the ulcers or used in solution as a wash, is of much service.

Stomatitis Ulcerosa or stomacace, is rarer and more severe than the form just described. Here, the gums seem to receive the full violence of the disease, they are dark bluish, red, swollen, and bleed on slightest touch.

Starting from the borders of the teeth a yellow-grayish mass seems to cover and dip into the tissues of the gums, the crowns of the teeth are laid bare, and the receding gums cause the teeth to loosen and fall out. Upon pressure a purulent fluid oozes from between the gum and tooth, there is fœtor oris, and œdema of the surrounding soft parts. The ulcerations increase in size and depth, and there is an impossibility of taking food; and the disease runs usually a protracted course, so that the child is weak, emaciated, and often in a critical condition.

This disease is not infrequently seen in children of from five to eight years, or during period of second dentition.

TREATMENT.—Merc., borax, carbo veg., arsen., kali chlor., lach., sulph., nit. ac.

RETRO-PHARYNGEAL ABSCESS.

BY W. F. EDMUNDSON, M. D., PITTSBURGH.

This is a collection of pus in the loose areolar tissue which connects the pharynx with the muscles lying upon the vertebral column, namely, the longus colli and the rectus anticus major.

It is a rare affection, and is more commonly met with in children than in adults, being of rare occurrence after the tenth year, especially in its acute form.

The idiopathic or acute form of the disease usually pursues a rapid course and develops symptoms like phlegmonous sore throat. More frequently the inflammation and its resulting abscess is a sequela or secondary disorder following caries of the cervical vertebræ or a diseased condition of their cartilages, or from an inflamed and suppurating post-pharyngeal gland. Among other causes we note pyæmia, fractures of cervical vertebræ, and as a sequela of some forms of acute fever. That following diseases of the vertebræ runs a much slower course, and its symptoms are much less prominent, excepting that of the inability to turn the head and the difficulty in swallowing. As in all other inflammatory conditions, the onset of the disease is marked by an increase of temperature, we have sleeplessness, general restlessness and malaise; the pain is increased on attempting to move the head; soon there is developed some amount of soreness in the throat, which increases in intensity until we have the characteristic pain on attempting to swallow, a symptom which is always present, and which gradually increases till almost complete dysphagia is established.

Accompanying this, or soon after, you will observe a peculiar stiffness, which also grows gradually in intensity as the disease progresses. There is also a certain amount of swelling of the neck, more especially noticeable at the angles of the lower jaws.

Dyspnœa is another prominent symptom of the disease, which, more particularly if the abscess be large, is greatly

aggravated if the patient assumes a horizontal position; in fact the little sufferer when in this position presents almost a perfect picture of one suffering from croup, except that the whistling character of the respirations is wanting. The voice is also altered, it becomes indistinct and hoarse, and finally assumes what is described as a toneless voice.

Inspection of the throat reveals a round swelling in the posterior wall of pharynx covering the centre of the pharyngeal space or one side of it, thus greatly diminishing the size of the cavity. The mucous membrane presents a livid appearance. If the finger be passed over the root of the tongue and beyond the soft palate, the tumor may be felt either hard and tense or soft and slightly fluctuating, according to the stage of the disease at which the examination is made. If the tumor attains to an extraordinary size it may be seen projecting in front of the soft palate, and thus rendering all attempts at swallowing useless.

Prognosis.—This is always doubtful. Claud Muirhead says: "Most usually well pronounced cases terminate fatally, invariably so if the disease depends upon caries of the vertebræ."

Prof. Raue says a fatal termination may ensue by suffocation from the discharge into the larynx, especially during sleep, or from compression of the larynx by the enormous size of the tumor; or from secondary disease of the larynx or thoracic organs, due to the descent of pus into the thorax. These various possibilities determine our prognosis.

Treatment.—Little can be expected in the way of arresting the disease, as it is often well pronounced before the physician is called to see the child, or it may be some time before we can be quite sure of our diagnosis. Chipped ice may be freely administered and is most grateful to the patient. The abscess should be laid open by a well guarded bistoury as soon as its presence can be clearly established. The patient should be well sustained by nourishing treatment. If swallowing is impossible, then recourse should be had to rectal alimentation.

Raue says the main remedies are hepar sulph., silicea. For the acute form he recommends apis, bellad., bryon., lach., mercur., puls. and rhus tox. For that dependent upon affection of the cervical vertebræ: arnica, asaf., calc. carb., hepar, lycop., mercur., mezer., phosphor., silicea, sulphur.

SCARLATINA.

BY THE SOCIETY OF THE TWENTY-THIRD WARD, PHILADELPHIA.*

Scarlatina is one of the exanthemata; a febrile, epidemic and contagious disease, produced by a specific poison, which is reproduced during the progress of the disease. It prevails at all seasons of the year, but more especially during fall, winter and spring. Every change of weather, particularly from dry to wet, aggravates the existing cases, and not unfrequently produces a crop of new ones. Three forms are described by authors, which are more properly different degrees modified by different circumstances, namely, scarlatina simplex, scarlatina anginosa and scarlatina maligna. Other sub-divisions of less importance are also mentioned by authors, as the scarlatina lævigata, where the appearance of the skin is intensely bright red, turgescent, stretched and shining; this, I understand, is closely allied to that known as the Sydenham variety. The scarlatina variegata, where the eruption is partial and of various shades of color. The scarlatina papulosa, in which there is much œdema and numerous papules, which can be better felt than seen; the early development of this variety, it is claimed, very closely simulates the shotty feel of small-pox. As this variety develops, miliary vesicles, about the size of a millet seed, with pus-like contents, often appear over the body, especially on the trunk, and we have the variety known as the scarlatina miliaris. Scarlatina hæmorrhagica is another division, due to a hæmorrhagic diathesis, in which case the blood exudes into the superficial layers of the skin. In this variety, hæmorrhages may occur

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*Prepared by J. M. Beyer, M. D.

from internal and mucous membranes. Other forms occasionally follow, as ecthema, pemphiga, varicellar and pustular eruptions, urticaria, herpes labialis, sudamina, boils, and, though rarely, gangrene of the skin and underlying cellular tissues.

The chief symptoms of scarlatina simplex are moderate fever, scarlet rash, redness, but not ulceration of the throat.

Symptoms of scarlatina anginosa: more marked throat symptoms, ulceration with tendency to formation ot abscesses in neck, temperature higher, disturbance of system greater; many points of danger, and in various ways jeopardizes life.

Symptoms of scarlatina maligna: Intense fever, great depression of vital strength, great cerebral disturbance, and low delirium, superadded to the throat and skin symptoms. Fever soon assumes a malignant character, tongue is brown, throat dark, livid and sloughing, eruption comes out imperfectly or irregularly, or appears and disappears, or is of a dark red or purplish hue rather than scarlet.

General Symptoms.—The period of incubation usually lasts about five or six days, but may be but twenty-four hours. Cases are cited where it is claimed the incubation amounted to three weeks. The invasion usually is sudden, chills and shivering succeeded by heat of the skin, nausea, and often vomiting, quick pulse, thirst, frontal headache and sore throat. Sore throat is generally the first thing complained of; so say many physicians of note; others of equally good standing say that vomiting is generally the first thing that attracts attention; "and if it be persistent," says one writer, "it is claimed by many that the severity of the symptoms in the disease is indicated in a great measure by the persistency of vomiting." Be this as it may, it very often continues until the eruption shows itself, and not unfrequently much later. Almost simultaneously with this condition comes the fever with its peculiar dry, burning, stinging heat of the surface. The temperature of this early stage is usually high, 103–4, pulse 140–60, and in young children so rapid as to be almost beyond counting. In about forty-eight hours after the appearance of these symp-

toms the rash appears, first on the breast, spreading to the neck and face, trunk and extremities, until the whole body is covered; it is a closely crowded, fine rash, and consists of innumerable red spots or points, making the skin resemble the shell of a boiled lobster. These spots are run together and diffused uniformly over the skin, or else occur in patches. The redness of the skin disappears on pressure, but returns again in a moment.

Raue says "the white spot so made grows red again from the periphery to the centre, unlike that in measles, which spreads from the centre to the periphery." I have tried this in the few cases that came under my observation and have failed to see it verified. On the face the flush of the intense fever may hide the rash. Sometimes we find patches of the skin here and there entirely free from redness, or of a pale color, giving a mottled appearance. The eruption generally covers the entire body within the second or third day, yet there are cases where it is not wholly developed until the fourth or fifth day. The skin itches intensely as a rule; the tongue first has a shining red appearance, especially on the tip and edges; soon a dirtyish color spreads over the surface, and the papillæ become red and prominent, then the fur cleans off, and in twenty-four hours it becomes clean and raw-looking, and we have the characteristic strawberry tongue (over ripe).

About the fifth day the eruption begins to decline, and disappears about the eighth or ninth day, leaving the patient weak; the cuticle then begins to desquamate, either as a scurf or in large patches or casts; the period of desquamation, as to the quantity, is variable; this often affords the convalescent wholesome pastime during his recuperative period. The above is the usual course of symptoms, though sometimes not so regular. It may occur without rash or sore throat being observed, and the eruption be livid or only partial, as before stated, and attended with such extreme prostration that the patient may sink within a few hours. It is said that contagion is greatest at such times.

The distinguishing features of scarlatina are:

First. The scarlet rash.

Second. The high temperature of the thermometer, 104–5–6°, and the rapidity of the pulse.

Third. Papillæ of tongue red and prominent; strawberry tongue.

Fourth. Brilliant, staring eyes.

Fifth. Sore throat.

Differentiation from Different Diseases, viz.: Measles, rotheln, roseola. Diagnosis in simple cases is easy, but unfortunately cases too often present themselves showing such a variety and combination of symptoms as to set at defiance all laws of nosological arrangement. When scarlet fever and measles both prevail at the same time, it requires a keen sense of judgment and no small amount of discretion to say with safety, I mean early in the disease, that it is one or the other. We find, however, that discretion is the better part of valor and wait for characteristics to diagnose safely. The prominent differences in scarlatina and measles are that:

SCARLET FEVER.	MEASLES.
Is generally ushered in with vomiting.	No vomiting, or seldom.
No catarrhal symptoms, or only very slight.	Always marked catarrhal symptoms, cough, sneezing, etc.
Angina: Throat is generally very sore.	Little or no sore throat.
Eruption generally shows itself within twenty-four hours.	Eruption frequently two or three days in developing.
Eruption first appears on neck and chest.	Eruption first appears on face and head.
Eruption generally becomes confluent.	Eruption seldom does so.
Eruption generally of a scarlet color.	Eruption generally dark red or bluish red.
Eruption generally spreads rapidly over body.	Eruption generally speads more slowly.
White streak by drawing the nail across the skin lasts longer than in measles.	White streak produced by drawing finger nail over the eruption.
Usually no irregularities to sight or touch.	Eruption sometimes rough, so as to be felt by passing hand over surface, and is in groups of crescentic form.
Skin has a uniform red appearance.	
Eyes have a peculiar, brilliant stare, as if glistening.	Liquid, tender, watery eyes.
Desquamation in large quantities, especially from hands and feet.	Desquamation like scales of fine bran.

Its diagnosis from German measles is considered more difficult than in measles proper, especially in mild cases of scarlatina and severe cases of German measles. The most significant points are that the fever of German measles is generally slight, lasting a few days only; the temperature is low, generally 100–101°. It is much more frequently ushered in with catarrhal symptoms and chilly feelings. The eruption is not so bright red and it seldom causes so much prostration as scarlatina. Respecting the thermometer as a means of diagnosis, we shall invariably find the heat of surface in scarlet fever four or five degrees higher the first and second days than in German measles. One writer has observed in all his cases, that from the second day until the eruption fades, that 104° is about the average temperature in scarlatina.

Roseola bears a certain resemblance to scarlatina and may mislead a novice in the profession, but the rose-red, circumscribed spots, more or less circular at least, the absence of the marked sore throat and the much milder constitutional symptoms, render it more readily differentiated than German measles.

Its Contagiousness.—It is a well established fact that not all children or individuals in a locality become affected, nor is the susceptibility to this peculiar poison universally or equally developed, yet daily experience teaches us that it is contagious; isolating patients in hospitals and schools has prevented the further progress of the disease, also has disinfectants, etc. But the best founded proof of its contagion is, that the poison may be communicated by inoculation from the infected person to a healthy one [Ziemssen]. The inoculation was not traumatic, for a second inoculation did not take; and it appears too that children who had been successfully inoculated were not affected afterward when they had abundant opportunity to become so.

From the experiments of Stoll, Rostan and others, combined with clinical experience, it seems that the infectious principle exists in the skin; and probably the pulmonary exhalations too, are charged with it, as sick-room presence alone suffices

to produce it. Other secretions and excretions may also be articles of contagion, such as the nasal and pharyngeal, the urine and fœces. Experiments made by Feltz and others corroborate the fact that the blood circulates the poison.

Riess on one occasion injected a few drops of the blood which he drew from a scarlatinous patient containing these micrococci under the skin of a rabbit, producing colonies of the same micrococci in the blood of the rabbit, which died in less than twenty-four hours, and inoculation with this blood produced identical results in others. This proves that the contagious principle once having entered the blood, is circulated throughout the entire system, and incontrovertibly that it is in unison with the multitudes of microscopic spores or colonies of micrococci. Hence it is not so strange that the exhalations, the secretions, and the excretions should contain the contagious poison. The infecting power probably commences with the fever when at its height and continues until desquamation is complete. The absolute time when it ceases it is impossible to determine.

Now immediate contact is not essential to contamination. This statement has been repeatedly proven, numerous cases are cited by Moore, Murchison, Hildebrand and many authors and writers on this subject; it being transmitted by medium of substances, by fomites, clothes, carpets, etc., the invisible germs being very tenacious retaining their virus for a year or two; and can be destroyed only by a temperature approaching 212°, by disinfection or through ventilation. The contagion, it is claimed by many, may be imparted through medium of animals.

Individual susceptibility is more variable and less certain than in either measles or small-pox; as is also, predisposition not so general since many families escape the disease though exposed to the infection. Pregnant women are peculiarly exempt, though their state apparently would render them more liable to the infection.

Sequelæ.—If there be no complications or sequelæ, the disease may be expected to terminate in eight or ten days, but

desquamation is not complete for a much longer period. Even two or three weeks after the subsidence of the disease the patient is not free from danger of inflammation and suppuration of the parotid glands, otorrhœa, ozæna, inflammation of eyes, albuminuria and rheumatic troubles, pneumonia, pleurisy, œdema of lungs, which is usually complicated with hydrothorax and anasarca. The former are especially liable to occur in weak scrofulous subjects, but may result after most careful nursing. Of all the morbid states, perhaps dropsy is the most common, and generally attributed to an abnormal condition of the kidneys caused by their efforts to throw off the poison from the system; and although it may take the form of desquamative nephritis with its grave concomitant symptoms, yet the majority of cases recover from it, and the kidneys are rarely permanently injured.

Prognosis.—In scarlatina simplex it is favorable unless we have internal inflammation, or the type becomes changed. In scarlatina anginosa it is favorable unless the local inflammation is severe, and the inflammation is extending, and there is much tumefaction present, or if delirium supervenes.

Scarlatina maligna is unfavorable. If the rash is dark colored and irregular in its appearance, and the pulse rises rapidly and there is great frequency, with delirium and coma, it is unfavorable; if the eruption disappears suddenly and does not come out again, the patient will surely die. Great thirst, sudden loss of strength, bloody discharges from bowels, bleeding from gums, diarrhœa, dysentery intercurring, œdema of lungs, diminished secretion of the urine, diphtheritic inflammation of the throat or gangrene of fauces and tonsils, all tend to an unfavorable prognosis.

Treatment.—As a prophylactic, belladonna is the acknowledged remedy: it should not be used too low.

Put the patient in a top room of the house, take away all superfluous materials; send other children away; have the house well ventilated; remove all debris; look to house drains; have pure air and cleanliness, use disinfectants, wet sheets hung up before the doors and windows, have fire in room if cool weather.

DIET.—Food should be light and palatable, fresh fruit, gruel and milk; gradually returning to stronger food as the normal condition returns. If the malignant form, with vital forces much depressed, use wine and other stimulants; sparingly in children; not required in mild cases. Best drink is cold water, gum water, barley or toast water, or weak lemonade; drinking increases the action of the kidneys. If throat is very sore and there is great thirst, pieces of ice may be taken. The *patients should be kept in bed, well watched to see that clothing is kept over them and kept from direct currents of air.* Change bed clothes frequently and the patient's also; frequently sponge with tepid water and dry rapidly, or apply olive oil daily as long as fever keeps up. Guard against long exposure. Secure and preserve healthy action of the skin. If throat be very sore a wet compress may be applied with good effect; inhalation of steam is also good in the anginose variety. Wrapping patients in wet sheets to cause them to sweat (hot baths), is a measure I have not tried but think well of. Modify the light. During convalescence insist on warm clothing (flannels). Of disinfectants I would use Platt's chlorides, bromo-chloralum, chloride of lime, cracked charcoal, whatever is most convenient at hand.

REMEDIES.—For scarlatina simplex: Acon., *bell.* or rhus.; and for desquamation, sulph., ars., and hepar.

For scarlatina anginosa: Bell., APIS., rhus., AMMON. CARB., *merc. rub.*, gelsem., phytol., nit. ac., hyos., stram., opium, zinc, lach.

For scarlatina maligna: APIS, bell., ARS., *lach.*, mur. ac., CUPC. AC., carb. ac., bapt., rhus, ailanth.

For post scarlatinal dropsy: *Apis.*, *helleb. nig.*, *apocyn. can.*, *terebinth.*, canth., *ars.*, sulph., *phos.*, *cactus*, asclep.

For gland swelling and suppuration: MERC. JOD., *calc. carb.*, *graph.*, rhus, silicea, sulph., hep., phos., POULTICES.

For otitis and otorrhœa: *Merc. sol.*, *puls.*, *silicea*, *tellurium*, merc. jod., graph., phos., permang. potash. Syringe with tepid water or use dry treatment, boracic ac., etc.

For pains in ears: Cham., *bell.*, *puls.*, *merc. sol.*, coffea, capsicum.

For inflamed eyes: Bell., merc. sol., rhus, sulph., calc.

For croupy cough: *Kali bich.*, *hep.*, spong., dros., iodine.

RHINITIS: NASAL CATARRH.

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Nasal catarrh is one of the most frequent affections in this country, so much so that it has been estimated that nearly nine hundred and ninety thousand suffer therefrom in the United States. This average is even greater in some other countries.

The popular belief, which is shared to a great extent by the profession that nasal catarrh is incurable, is probably the cause of the very great frequency. Yet, if we intelligently examine into the pathological conditions giving rise to the symptoms we can hope to restore, in the majority of cases, the healthy condition of the mucous membrane, and by careful treatment, following our great law, cure our patients often in a comparatively short time.

Before entering upon the consideration of the special subject, it might be well for us to examine into the anatomical appearances of the mucous membrane of the nasal cavities. It is of varying degrees of thickness, it consists of connective tissue fibres, with numerous nuclei, is free from elastic fibres, is supplied with a large number of nerves, and an abundance of blood-vessels, the ramifications of which form a closely interwoven network, beneath and in the substance of the mucous membrane proper; the Schneiderian membrane seems to possess a much larger number than any of the other portions.

The membrane is very adherent to the periosteum. Its continuity may be traced with the conjunctivæ, through the nasal duct, the lachrymal canals, the lining membrane of the tympanum, and mastoid cells, through the Eustachian tube, and with the frontal, ethmoidal and sphenoidal sinuses and several other smaller openings.

It is thickest over the turbinated bones and septum, while over the floor of the nasal fossa, and between the spongy bones it is very thin and pale. The inner surface of the cartilaginous portion is lined with pavement epithelium; the lower region of the nasal cavities or the respiratory portion which is supplied with branches of the trigeminus, is lined with cylindrical epithelium and contains the largest number of mucous glands; the upper, the olfactory portion is lined with ciliated epithelium.

In the last named portion of mucous membrane of the nasal cavities, the lymphatics are but poorly developed; while in the first-named or inferior portion they are very numerous: all their openings communicate directly with the deep facial and posterior sub-maxillary glands.

The mucous membrane of the nares, larynx, and bronchial tubes is subject, with uncommon frequency, to catarrhal affections. Under all conditions, a catarrh of the upper part of the mucous membrane of the respiratory passages, in small children, is much more serious than in later life; because a simple coryza may soon give rise to symptoms of stenosis at the entrance to the larynx, or rapidly spread to the deeper bronchial tubes.

The position which catarrh now occupies, as a nosological entity, is that of a group of symptoms, not necessarily and essentially connected, having a common, or supposed common cause. That this should be the position of catarrh is the necessary result of varied opinions held concerning it, from the earliest time, until the present.

At first, the word was used to signify "a defluxion of an acrid humor (generated in the brain,) into various parts of the body."

Later, the catarrhal affections have been separated into a distinct group, inflammations of the mucous membranes. It seems therefore that the term has as vague a significance, as some of the ailments to which it has been, and is at present applied; still we may hold at the present time, more definitely

in mind what we comprehend under the heading of catarrh than was done formerly, yet, to-day our knowledge of catarrh of the nasal mucous membrane is far behind that which we possess in regard to nearly every other organ of the human body. Already some studies have been made, and very many theories have been advanced in relation to it, but as yet, nothing definite has been determined with sufficient positiveness to command the universal consent of the profession. Quite recently, however, more attention has been given to its study.

Catarrh in all its varieties, as at present classified, is a group of maladies founded on ætiological basis. The presence of the morbid material may be due to the same cause as the disease itself, be only a symptom, or it may be a result and not a cause. It yet remains for us to show, whether it is the same agent or product, acting within the system, that gives rise to both the acute and the chronic forms of the disease. It is not improbable that this field of research, like so many other unsearched fields, may yet yield the most profitable return.

A definition does not add much to our knowledge, but we will give it here.

Rhinitis. Nasitis. Inflammation of the nose. Coryza. Inflammation, attended with increased discharge, of the Schneiderian membrane lining the nose, and the sinuses communicating with it. Chronic coryza is termed also ozæna benigna. (Dunglison.)

Hence we have an inflammation of the mucous membrane of the nose and vault of the pharynx, either acute or chronic. It includes all diseases of the nasal passages attended with discharge.

It is obvious, from what I have already said, that the distinctions between the various forms of the disease, and the significance attached to the various symptoms, have been estimated very differently at different times. Among the older writers, very many conditions were held to be catarrh; they were not speaking, as we do, however, of a distinct disease, but was enumerated by them as a multitude of diseases classed under one head.

There seems to be at present a tendency exhibited by all writers to use one or more synonyms.

Thus we find rhinitis, as I shall divide it into three forms: acute catarrhal, chronic catarrhal, and rhinitis atrophica. The following names have been applied by various authors: coryza, nasal catarrh, cold in the head, snuffles, naso-pharyngeal catarrh, hypertrophic nasal catarrh, ozæna, fœtid catarrh, and chronic coryza.

Acute catarrhal rhinitis forms a thoroughly well-understood class of symptoms which immediately calls to mind a distinctive picture of disease. The distinctions of acute and chronic forms of the disease imply two things, namely: the duration of the malady, and the activity of the symptoms or of the morbid process. The acute form is always characterized by greater or less activity and usually, though not always, this activity is of short duration; while the chronic form is slow in development, and generally long in duration. We may define rhinitis atrophica (a disease so unlike in type the other forms of catarrh, that many are inclined to regard it as a different morbid process, yet some writers have confounded it with the chronic form.) It is unquestionably true that many cases regarded as catarrh, or at least spoken of as such, particularly by charlatans, are of an entirely different nature.

The varied forms of catarrh indicate that the cause of the disease must be a very generally prevailing one, and the conditions under which it is produced are equally varied. It does not necessarily result, that because the forms of the disease are varied, a different cause is acting to produce them; the same cause under different circumstances, either internal or external, can result in varied phenomena. Many of the causes of disease are necessarily unavoidable, and follow as orderly sequences in the economy of nature; thus the food we eat, the water we drink, even the air we breathe, may, under certain circumstances, tend to produce disease.

The mucous membrane enters largely into nearly all the diseased conditions of man, chiefly of a catarrhal nature. This

catarrh of the mucous membrane is a condition of hyperæmia, which causes an extra or hyper-secretion; one cannot exist without the other. Hyperæmia is consequently the foundation of catarrh; the hyperæmia may be active or passive. The active is the result of a pathological irritation; the passive precedes the catarrhal inflammation for a longer time, and is the predisposing cause. Predisposition to diseased conditions is either hereditary or acquired; in the first instance, is meant one who unfortunately inherits such a predisposition, in the second, one that may be induced by predisposing causes operating during the life of the individual; a predisposition, thus formed, can be undoubtedly modified or entirely changed by avoiding the predisposing causes which produced it, by proper treatment and hygienic measures.

A predisposition of this character is always gradually formed, and may be acquired from causes which often continue to operate for weeks, months, or years; during which time the individual may be to all appearances in good health. Now should he be exposed during that period to the exciting causes, or those which tend to the immediate development of disease, of any special disease, such disease would be most likely developed. It is in my opinion just such individuals, who are more or less severely affected by any epidemic, or other exciting cause of diseases, in proportion to the degree of predisposition existing in them at the time of exposure to such causes.

It is well known that certain individuals are more severely affected by any cause of disease than others, and also that the same cause may at one time produce serious disturbances to health, while at another, and under the same conditions, no injurious effect is produced. How frequently do we observe in an epidemic a marked difference in the character and severity of different cases. Diphtheria, for example, members of the same family seemingly under the same circumstances and similar conditions, some are but slightly affected, or perhaps entirely escape an attack, while others are stricken

down with the most malignant forms; can it be that they, who are the most severely affected, receive a larger or stronger dose of the agent which has produced the disorder, or that in consequence of larger quantity or greater strength act with more severity on one than another.

Again, in hay fever the predisposition seems to be the heat of summer, with excitation of the nervous system, together with the irritative effect of the plant pollen deposited on the mucous membrane; this dust is quite harmless to some, while in others it will cause constitutional symptoms, and where the bronchi are involved may be of great severity; when the patient recovers there is relief until another year rolls around.

We find the same circumstances in catarrh of the mucous membrane; the one assumes a position in reference to the other exceedingly worthy of notice. The danger here is, that after the mucous membrane may return completely to its normal state, the catarrh will return upon the slightest occasion to just the place where it seemed to have left, and if of hereditary predisposition, the relapse is more intense than the first attack and lasts longer. Some misunderstanding has arisen among writers confusing a liability to subsequent attacks with the tendency of the disease to relapse.

The extreme liability of the mucous membrane to injury, and the consequent danger of a new attack, is constantly increased thereby, and each return increases the number of cells in the connective tissue, the epithelium and the glandular apparatus become enlarged, and the condition of the mucous membrane is that of hypertrophy. This, therefore, is an anatomical predisposition to catarrh; since the congestion and swelling are already developed and have become fixed, it requires but a slight exciting cause to increase this to an actual inflammation. There is a physiological heredity, the full expression of whose nature is seen exemplified in the congenital forms of syphilis.

I do not think catarrh is physiologically hereditary in the same sense as syphilis. The determination of the hereditary

nature of a disease is a matter of great difficulty, and I think it will be found that a very much larger number of children whose parents suffered from either chronic or atrophic forms escape, than become catarrhal themselves. I believe the converse is also true. Further, if a child suffers from catarrh, whose parent was catarrhal, by no means confirms absolutely the hereditary character of the malady, neither does the escape of the offspring in any given number of instances, disprove with any certainty the possibility of its hereditary transmission.

In dealing with the question of causation in respect to the predisposition of patients to a return of the disease, confusing a liability to subsequent attacks with the tendency of the disease to relapse, it is very important to distinguish between the various forms of catarrh in forming an opinion on this matter, whether we mean that a chronic form of the affection predisposes a person to acute attacks, or whether a simple catarrh is liable to be followed by others, or that the worst form is induced by acute attacks. All authors agree in the opinion, that one attack renders the person more liable to the second. In my own experience the most cases of atrophic catarrh have been the result of neglected hypertrophic attacks, superinduced by frequent acute attacks. I have never been able to directly trace an attack of the worst form, where atrophy of the glands had taken place, the fœtid smell, etc., without being able to find at some time there was a neglected hypertrophic attack. The records of my cases show that varying periods of time elapse between the attacks, and that many of the patients thought themselves well—that no more attacks would occur.

Age seems to directly influence very greatly the form in which the disease manifests itself; the acute form is by far the most common in the early period of life, yet the chronic is not unusual later; the atrophic, either succeeding an earlier chronic attack or attacks, or manifested itself originally in a manner unnoticed, from an hereditary predisposition.

The acute catarrhal inflammation of adult life is due, not so much to the age of the subject, as to the incidental causes connected with the mode of life, occupation and natural exposure of the person.

Most authors, particularly the older ones, speak of the variableness of the climate as a productive cause, and of this condition as having more influence than either extremes of heat or cold; and the more rapid the change the more noticeable is the effect. We are all of us aware of the fact that latitude is not controlling in its influences; high situations are liable, according to exposure, to the same extent, as the lower levels adjacent to them. It is true the most variable months of the year furnish the largest number of cases; the spring months more than the summer and the autumn more than the winter. The month of May seems to be the most productive of cold, and a larger number of acute attacks. Now, whether this can be attributed to the influences of variability of climate or the result of exposure, in the occupation and manner of life, remains to be solved. It has seemed probable to me that either, may with equal force, be disease producing agents in the form of cold, which is probably the most frequent cause of disease in the upper air-tract. Taking cold is the effect of exposure, which results in disturbances in the circulation of the blood. Either through mechanical or nervous influences the functions of the normal temperature are interfered with in proportion as that degree of heat is increased or diminished. Exposure to extreme temperatures may act in many different ways to bring about what is generally termed as "taking cold." The less the power of resistance and the greater the force of impression, the more aggravated will be the character of the attack while the system is thus predisposed. Again, a low temperature, moisture, or a draft are necessary to produce a cold, and some one of these must act for some length of time. We are all aware that a momentary action of draft or moisture does not usually result in any morbid change. The loss of animal heat does not directly produce the morbid

changes, but creates certain functional disturbances, and these give rise after a certain length of time to the morbid changes which in turn produce what we call taking cold.

The relation between cause and effect as described by Rosenthal, is that the immediate effect of cold acting on the surface of the body, is to create contraction in the peripheral vessels, by which the blood is driven from the surface in upon the internal organs, producing an irritation and exciting inflammation.

Seity's theory is, that there is an unusual amount of heat removed from both the internal and external surface of the body, to an unusual extent, and that this gives rise to some functional disturbance, which in turn produces certain morbid conditions distant from the part immediately affected by the cold.

Seiler defines "catching cold" as a momentary lowering of the temperature of the body by external influences, which causes, both directly and indirectly, an uneven distribution of the blood, and thereby a congestion or an inflammation of internal organs.

Bosworth tells us the cause and effect are the same, and the connection between the exposure and the resultant inflammatory condition, is the disturbance of those nutritive changes in the tissues, which result in the production of animal heat.

The idea of the infectious nature of the disease, the germ theory, has not as yet been advanced, nor even any allusion to it; the occurrence of epidemics of the disease, might be called upon to show a probability of its infectious character, or at least its similarity to other diseases of an undoubted infectious nature. Again there seems to be a resemblance to infectious diseases clinically. It is not a disease without prodromes, but often the usual febrile phenomena precede the development of an attack; however, this condition is so slight ordinarily, that no note is made of it.

This theory differs from those usually in repute, in attributing the cause not to something developed within the

organism, but to an infectious material brought from without, which by its presence or by its development within the system directly produces the phenomena of the disease. Whether we lend support to any one of the various conditions of its nature, whether we consider it a simple local disturbance or produced by the action of cold on the vascular supply of the part (a vaso motor disturbance), a zymotic disease or a trophic disturbance, we cannot deny that the disease bears the impress of being a poison disease, still, the length of time between the exposure to an apparently efficient cause and the onset of the symptoms seems too short for the accumulation of the products of poison in sufficient quantity to produce such effects, we see the disease suddenly make its appearance under conditions of the very best of hygienic surroundings. Yet I do not doubt that in a short time we will have a Koch in catarrh as well as in consumption.* [1 & 2.]

Catching cold in a very large majority of cases develops an attack of acute inflammation of some portion of the upper air tract, it being the point of least resistance, and as these attacks occur, we find the frequency and gravity increased; following we have the morbid processes, and finally this liability to take cold at first in simple coryza gives rise to the more grave forms of catarrh, and far less amenable to treatment than each preceding attack.

The first effect noticed in the mucous membrane as a result of cold, is an irritation of the tissue, followed by a dilatation of the arteries, then of the veins; at first the circulation is very much increased, which only lasts for a very short time, when it is much slower and remains so with the vessels dilated.

The exudation, "the liquor sanguinis," which constitutes the inflammatory effusion, differs from the effusion that generally escapes in simple mechanical obstruction, in containing

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* 1. The discovery of parasites in patients suffering with acute nasal catarrh has been made by Dr. Salisbury, of Cleveland, Ohio; Dr. Cutter, of Boston; Prof. Remsche, of Erlangen, and Dr. Daykin. Coomes, 1880.

2. The subject, Maggots in the nose, has been also referred to in some text-books under the head of parasites.

fibrin and albumen, varying in amount to the extent of the severity of the inflammation.

The cells take on an increased activity, and new cells are developed, and the membrane becomes at the same time reddened and swollen, as a result of increased vascularity. In the chronic form, the membrane is thickened and indurated by the new cells and a renewed activity of the connective tissue; this tissue seems a very prominent and important part in chronic catarrh. Again, this connective tissue, it seems, is never absorbed, but remains a prominent element to interfere with the normal function of the original mucous membrane.

This tissue may also be so deposited as to interfere with the normal action of glands and follicles as to cause their atrophy, causing by the loss of mucus, the dry form of catarrh, or by pressure cause follicular inflammation, or the confined mucus may undergo degeneration.

The prodromal interval is of very little importance in the study of our subject. Out of eleven cases of my own observation I find the time between the application of the cause and the development of the characteristictic symptoms varies from half an hour to five days; but whether we can rely on this investigation as to what particular symptoms are to be regarded as the real commencement. But in the majority of my cases they were sufficiently well marked to be recorded. Chill is frequently noticed where the attack rapidly succeeds the exposure; but where the exposure is less severe, the development slower, chill is a less prominent symptom, or perhaps only a creeping sensation is felt. Immediately or very shortly after either the chill or the creeping sensation, the temperature is increased, which announces the immediate onset of the attack, ushers in the fever which is of gradual development and rarely attains a high degree. It is only in severe cases that a sudden rise takes place, usually the temperature rises slowly but continuously. Following we have pain accompanying, or soon after comes heat, swelling and redness of the membrane affected; one or more of the symptoms are gener-

erally pronounced. The appearance of the patient, especially the face, is not indicative of a severe disease; the surface of the body is warm, but not very hot. The pulse generally increases in frequency from the beginning; differing in character in different individuals, generally it is full, may be hard, or soft and small. In complicated cases the pulse is liable to become much altered in character. In a great number of cases it is almost an impossibility to find the temperature raised above the normal standard.

The appetite may remain and the desire for food continue unabated, or be entirely lost; the tongue coated with a whitish fur, often heavily. The urine is usually high colored and scanty. The mind is clear throughout the attack, and sleep is interfered with only by the excessive dryness of the surface. Nose bleed is a phenomenon not uncommon. All varieties, in the grade of severity of the disease, are met with, and are classed accordingly as acute catarrhal, chronic catarrhal or (hypertrophic) and rhinitis atrophica. In some the general and local symptoms are very slight, in others it is greater in its severity and the general disturbance of health is proportionately increased.

The duration of the disease is variable, the acute form nearly always ends in recovery in a given length of time, but in the severer forms time is an important element in the cure, and the best interests of the patient and physician are subserved by not promising too speedy a recovery. The mild case may continue its course in the same grade, by a renewal of the inflammation during the same attack, or may become a severe one by numerous and frequent attacks, affecting the already inflamed parts. The complications, while they do occur in mild cases, are not as frequent as in those of severer grades, nor do not seem to be as violent, although if not properly cared for, the changes in the organs involved may be just as grave and leave behind a residuum interfering with the normal functions, a susceptibility to renewed inflammation, or even worse, a damaged lung. The causes which provoke, or

the exciting causes of catarrh are such as favor analogous affections of the mucous membrane generally, amongst which, as I have said, "catching cold" is the most common. Cold draughts of air, whether inspired directly or indirectly, are particularly liable to give rise to nasal catarrh. Exposure of the body in general to cold; breathing very cold, especially if dry air, may act as an irritant to the mucous membrane, or it may deprive the membrane of enough vitality that it may not be able to endure the effect of the general circulation. Children confined to the house in bad weather will often catch cold on first going out. Hot alcoholic drinks, excessive tobacco smoking, dusty air, irritating vapors, foreign bodies accidentally entering the nasal canal, allowing the feet to remain wet any length of time (we find it as a symptom of some of the exanthemata, notably measles). The symptoms, we find commencing with general depression, slight fever and malaise, with frontal headache and stuffiness and fullness in the nasal cavities; breathing through the nose is often difficult, following closely a watery discharge makes its appearance, that gradually becomes muco-purulent, and toward the close of the attack, becomes thicker, and drying, leaves crusts in the cavities. Excoriations of the lips are apt to be present. The inflammation frequently extends to the pharynx, larynx, trachea and bronchi; the Eustachian tubes, antrums of Highmore, and the sinuses are sometimes implicated.

The symptoms of the chronic or hypertrophic catarrh are those requiring continued blowing of the nose and hawking efforts to clear the fossæ; the discharge may be watery or very tenacious, the membrane is hypertrophied, the olfactory nerve may be interfered with. Drying of the secretion induces picking with the fingers, at times causing bleeding. Breathing through the mouth is very common from occlusion of the cavities; not infrequently do we have an offensive odor to the breath, as a result of a collection of the secretion under the crusts, which undergoes decomposition; post nasal catarrh is an almost universal accompaniment. The trouble may continue

to the sinuses, and we may have catarrh of the antrums of Highmore, which renders the breath still more offensive.

Again, about the posterior nares we can notice excoriations. Impaired hearing as a result of the catarrh affecting the Eustachian tubes is a frequent symptom.

In atrophic, or dry catarrh, we have the characteristic dryness, burning and tingling. There is not enough mucus secreted to moisten the membrane. The breath becomes very fœtid from decomposition of the crusts retained in the fossæ, general depression of the system may result from absorption of the matter. The glands of the mucous membrane become atrophied, and there is as a result, dry, white, scaley adherent crust formations; under these scales ulcerations may occur. As the disease progresses the nasal cavities may become more roomy than normal from contraction of the fibrous portions of the mucous membrane, an absence of blood vessels and the destruction of the nerve filaments of the Schneiderian membrane. The discrimination of catarrh from other affections having some points of resemblance to it, is, under ordinary circumstances, unattended with difficulty, the prominence of the symptoms and the character of the discharge usually distinguish the acute from the other forms, between which there is no distinct border line. We may distinguish it from syphilitic ozæna by the following symptoms: A deep-seated ulceration due to the tertiary manifestations of the syphilitic poison, and is of all the most grave and distressing forms of disease of the nasal cavities; yet the two are liable to be confounded. We have besides the deep ulcer a superficial ulcer, but it is by far less frequent than the deep. The superficial ulcer is found on the mucous membrane, spreads slowly and seems a slow destructive process; the mucous membrane surrounding the border is perfectly normal in appearance, the surface of the ulcer is covered with thick, stringy yellowish-gray muco-pus; underneath this a grayish-pink is found; it is not very sensitive and bleeds easily; chiefly found on the cartilaginous septum. The deep ulcer has a cut-out appearance,

ragged edges, around which the mucous membrane is congested and dark, the ulcer is covered with a bright yellow pus; they tend to develop very rapidly and destroy in turn the mucous membrane, then the periosteum, finally the bone. Unfortunately a direct view is not easily obtained, but the ragged edge, the swollen appearance of the mucous membrane and the darkened appearance around the ulcer, will enable the physician to diagnose pretty clearly the existing conditions.

Probably the large majority of patients suffering from catarrhal disease are up and about, and a very large element of their treatment consists in shielding them from further harm. This is effected by removing them from, and warning them against, the causes which develop catarrh. Those who are especially liable to take cold, should exercise an additional carefulness in the avoidance of those causes, which experience teaches them give rise to an attack, and yet, an excess of care in this direction is to be avoided, since that overcarefulness for one's health often results in muffling the head and neck, leads to an oversensitiveness of the parts, by which the liability to take cold is increased, and unless it becomes necessary as a matter of comfort, it is not well to wear thick wraps about the neck. Yet sufficient protection, by proper clothing, is a paramount consideration. The daily use of the cold bath over the neck and shoulders, or sponging with cold water, is a measure of great value in preventing cold in the head. This not only acts to keep the functions of the skin in a healthy state of activity, but also acts to harden the parts against the action of cold.

The removal of the cause of the liability to take cold, as a preventive measure, is of very great importance. If we succeed in the removal of that condition, we will prevent, in a great measure, that which might result eventually in a very troublesome disease.

It seems to me a duty devolving upon every physician to urge that all cases of a simple cold should be subjected to treatment, when it involves so little trouble and avoids greater.

The remedies will be noticed a little further on.

For the early or the abortive treatment in the acute form, we must resort to measures for the accomplishment of this purpose, as soon as the first initial symptoms show themselves; even before the discharge has set in. The measures resorted to should be those which have a tendency to increase bodily heat. If this can be brought about in the earlier stages, it serves to arrest the future progress of the trouble, putting an end to the inflammatory process.

Hot lemonade, hot whisky punch, if conditions are favorable, or a hot foot bath, may assist the proper remedy to establish the equilibrium between the production and waste of heat.

Chloroform has been recommended at the onset, as an abortive measure. I cannot speak in its favor having never given it a trial. The dry treatment has been recommended in the earliest stages. It consists in abstinence from all fluids until all secretion has ceased, is said to be effectual in about forty-eight hours.

If abortive treatment fails, we should then endeavor to promote a rapid resolution. If there is much swelling of the mucous membrane, with simple obstruction of the nares, with headache, the inhalation of hot vapor will afford much relief. We may add to the hot water, remedies in sympathy with those we are prescribing. This hot vapor relieves the distention of the vessels, and promotes resolution. Other writers recommend the use of an irritant in addition to the plain hot-water vapor, thus stimulating a copious discharge, and for the time a very decided relief. Iodine, carbolic acid, ammonia, creosote, etc., are recommend, but I doubt the advisibility of their use; it seems doubtful if their use would benefit the chronic forms.

Astringents have their place among many in the treatment for acute catarrh, tannin, alum, zinc, etc., in the form of spray. We will have more to say about these when treating of the other forms.

Remedies in powder form, used by means of an insufflator, have the reputation of shortening the duration. I have seen

much benefit from snuffing the trituration of the prescribed internal remedy.

The treatment of the chronic forms has in the past, as in the present, been very unsatisfactory, and because of this unsuccessful treatment by the regular physicians, *especially in its chronic forms*, have arisen herds of quacks with innumerable cure-all specifics. They are ignorant of the disease intended to be benefited, and their specifics useless, if not positively harmful.

Our efforts for relief and cure divide themselves, for consideration, in two classes, the general and the local.

Of the local remedies, we have those which tend to modify the morbid process, in its local manifestations, and those which tend to the comfort of the patient.

No one in this age, the days of advancement in medical science, the days of homœopathy, fails to recognize the fact that morbid processes can be modified by the internal use of drugs. We know we are able to influence and control inflammatory actions similar in character to those of chronic catarrh; in this way; then is it not likely that internal treatment is a matter of enough importance to urge every physician to give his time to the faithful consideration of the cure of all such maladies, and not, as heretofore, be content with modifying the trouble, but hope to quell the morbid process, as morbid processes are more easily affected than normal ones, and thereby keep our patients from the claws of the charlatan. No case need be abandoned as hopeless. Keeping our object in view and following carefully our prescribed plans, the most obstinate cases will yield to treatment most satisfactorily, and many cases be entirely cured.

The old maxim, "cleanliness is next to godliness," is a recognition of a great truth, and one of the most important laws in the treatment of the subject now under consideration. All crusts and scabs should be removed, and the parts thoroughly cleansed. A probe, wrapped with cotton, may be used if the douche fails to remove them; then a thorough washing out by means of spray, with some disinfectant.

Remembering then that there unquestionably exists a predisposition for the acute form to run into chronic, we should ever be on the alert, with the appropriate remedy, for all acute attacks, no matter how simple, occurring in children.

The treatment of chronic catarrh in children does not differ materially from that of adult life. It must be in accordance with the various indications that may present themselves through the course of the disease.

The course I usually pursue (and it has given me excellent results), is to thoroughly cleanse the parts of all crusts and scabs. After this, wash as thoroughly as possible the cavities with plenty of soap and water, then if the membrane is swollen evenly, use the soft rubber bougie, leaving it remain about five minutes at one time; upon removal, introduce through douche a quantity of middling strong coffee, such as would be required for the table. See that all of the mucous surface is thoroughly washed or wet; after a rest of about five or ten minutes I proceed to fill the cavities nearly full of pulverized white sugar. This form of local treatment I usually follow for about a fortnight. Should there be any nodules, I prefer acetic acid, or nitrate of silver for their removal to other means; after using as before the coffee, take of the tincture thuya occidentalis one part, water three parts, and by means of syringe or spray fill the cavities several times in succession, and four or five times per day.

There are, however, many useful servants to stimulate the glands locally. Thus sanguinaria, bromine, tincture serpentaria, soda, tannin, borax, according to conditions.

The dry catarrh is not so common in children, nevertheless there are cases; and very grave results follow, unless prompt and persistent measures are resorted to. Here, as in the hypertrophic, we must have perfect cleanliness as our foundation. We can carefully remove the crusts with a probe wrapped with cotton, then thoroughly wash the cavities with castile soap and water; afterward, with the douche, use a solution of permanganate of potassa, clearing away all offensive

masses, and then packing the cavities with cotton or charpie thoroughly saturated with a lotion of calendula (one teaspoonful of the tincture to two of water), applied warm. It is best to only treat one side at a time. Remove the pledget in from two to four hours.

In cases of complication with eczema, etc., we may use sanguinaria, myrrh, creosote, iodine, iodoform, potass. brom., turpentine, tannin, etc.

During treatment sneezing should be guarded against.

We may use in place of the calendula tincture that of ustilago, secale. cornutum, agaricus, muscarius, cannabis sativa or the rag-weed, senecio aureus. A great many other methods of treatment have been advised, by as many different writers.

The prescription of an Italian physician seems likely to become popular. It consists of a derivative of phenol, neither offensive nor irritating, used as a disinfectant.

Gottstein uses a pledget of cotton, introduced in direct contact with the membrane.

Woakes prefers to have the pledget medicated.

For the removal of the hypertrophied tissue, electrical cautery, hook or needle may be used.

Beverley Robinson uses Paquelin's cautery as modified by Goodwillie, and introduces it red hot.

Of the Tlacial acetic acid, Bosworth speaks in very flattering terms, and in *Mecical and Surgical Reporter*, December, 1881, Sajous advises the same. A convenient instrument to make the application is Dr. Andrew Smith's.

Some prefer cutting the tissue with Jarvis' ecraseur. (*N. Y. Medical Record*, 1881.)

Robinson has torn the little nodules from the turbinated bones, with the forceps. And lastly, Bernard Triinkle says use the actual cautery, white heat.

Of the very long list of drugs which have been employed in acute catarrh, many have been discarded, others still find occasional use. Of a few I will make mention.

The symptoms during the first twenty-four hours generally demand camphor; this is suited to the cold stage, and if given

promptly, will often terminate the disease in the first stage; preferable to aconite if the patient is still liable to exposure. If there is a very high fever, aconite may be best.

When the secretion is copious, the lips and nose become rapidly excoriated, burning pain at the root, arsenicum will act excellently.

Puls., merc., gels., k. hyd., mezer., cyclam., plant. maj., graph., and a number of others equally as good, each have their place. The symptoms, with which you are all familiar, are found in any of the excellent works on materia medica.

For the hypertrophic and atrophic catarrh *sanguinaria nitrate* is very useful where the posterior nares are very sore, constant hawking of thick, yellow, tough mucus, either bloody or in round lumps, is often very sweet and never smells.

Ustilago has almost the same train of symptoms, with the addition of a bitter taste, and there is the offensive odor; the patient himself as well as those around him notices it. Used locally, in the form of paste, with the calendula tincture at the same time, has given good results.

Ergot is of great service to relieve rawness, used as the above.

Teucrium m. v. is one of the best remedies I have ever used, where there are green scabs, clinkers, etc., discharged from the nose, leaving it sore.

Eucalyptus. The symptoms are those of the worst form; it seems to exert a favorable influence upon the existing ulcers, stimulates the glands to renewed activity, and prevents the formation of crusts, reduces the smell, in short, it has proved as useful to me in dry catarrh as has sanguinaria nit. and ustilago in the moist; others may be mentioned, and have proved of great benefit.

Aurum mur. Yellow, green, watery, fœtid pus.

Iodium. The Schneiderian membrane is the seat of the ulceration, the fœtor is very great.

Merc. biniod. Ulceration on the bony structure, also on the septum.

Nit. acid. Syphilitic complications.

Merc. jod. cum kali jod. is one of the first in treating syphilitic catarrh.

Boracic acid.

In conclusion, it is to be urged that all measures that tend to depress the general system, are to be sedulously avoided in the management of catarrh.

During convalescence, good nursing, an abundant and nourishing diet, avoidance of fresh cold, and all unfavorable influences guarded against. The sequels should be carefully and appropriately treated.

DISCUSSION.

DR. JAMES: The use of coffee as a local application in nasal catarrh is a new idea to me. My treatment of this affection is decidedly unsatisfactory. The treatment by local means is fallacious so far as the cure of the disease is concerned. The catarrhal discharge is the result of some diseased condition, and when the cases present themselves for treatment there is very seldom anything of the local cause remaining, but the tissues are so changed that the discharge continues. There is a great accumulation in the nasal fossæ of mucus and filth, which makes the patient uncomfortable and requires removal by douche, wash, or some such means. This is not curative, but helps by being a local stimulant and by its cleansing power. I nave used as local applications iodine spray, salt water, solutions of various germicides, but deprecate the use of plain water, which becomes a source of irritation. We can use the salt water with less than a tenth part of the irrition caused by plain water. I use these solutions simply for cleansing purposes. Sometimes, when patients are extremely anxious and insist that something must be done, I use, for the relief of this condition of their minds, a spray of iodine or some other substance. I depend on the symptoms presented for the selection of the remedy, and find that I get the best results in that way, but the best results that I can attain are not good.

DR. WILLARD: We are all familiar with nasal catarrh. Did it ever strike you that catarrh was a disease of itself?

Not a cold or the result of a cold but a disease *per se*. Last winter we had many cases of acute catarrh. The patients were kept in bed carefully, and the indicated remedies given, and they were cured. In selecting the remedies I am guided by the symptoms. In order to prevent taking fresh cold I had the patients given cold chest baths every morning, rubbing the skin afterwards until it became dry and red. Sometimes used local applications for the purpose of cleansing the nasal cavities; have used water, plain or salty.

Dr. James: In speaking of catarrh as a local disease I mean that it is supposed by some to be only a local affection, and that if the scabs or ulcers are removed from the nose that the disease is then cured.

Dr. Seip: I have, unfortunately, a great many cases of nasal catarrh to treat. I have discarded the local use of salt water after having tried it faithfully for years, using it weak and strong. For cleansing the passages I prefer a weak solution of borax. I formerly depended mainly on topical applications for the cure of the disease, but the more I depend on the use of homœopathic remedies the better is my success. Patients usually want something applied to the organ, and there is no doubt that after the nostrils have been thoroughly cleansed out they breathe more freely and feel better. One case in a school teacher, who had suffered severely for some time, and was constantly sneezing, with profuse discharge, requiring the use of fifteen to twenty handkerchiefs daily. On making an examination of the nose I found only a hyperæmic condition. She wanted something applied to the nose, so I used a ten per cent. lotion of iodine in glycerine, and gave her sanguinaria to be taken internally. Before she had taken any of the medicine the irritation was allayed and she has not sneezed since. No remedy has given me better results than sanguinaria, but in this case, having used the two remedies, I do not know which cured the case, but I think iodine had a good effect and was probably the curative agent.

Dr. Dinsmore: I agree in the belief that catarrh is a disease in itself. I had a severe case of croup last winter,

and in ten days afterward the characteristic discharge of catarrh came from the head. I have frequently used water obtained from a salt well in our neighborhood, adding about three parts of plain water to it. This has been the most beneficial external application that I have used. Sanguinaria and nitric acid have been my best remedies.

Dr. Duff: As a preventive against taking cold I generally use allium cepa, or have the patients use onions. This seems to have the desired effect, as those using them seldom take cold.

Dr. Van Artsdalen: I do not want Dr. James or any one else to think that I rely mainly on local treatment. I treat such cases chiefly internally, and wrote my paper for the purpose of insisting on this. I believe we can cure a nasal catarrh just as well as a catarrh of the bronchi or duodenum. Local applications are only of benefit for cleansing. We must bear in mind the three stages of the disease, the acute, hypertrophic and the atrophic, which are all different stages of the same disease, and if we suit our remedies to the different classes, we can do better. If the disease is treated in the acute stage the other forms of it are prevented. I believe ozæna to be always syphilitic. The main remedy for the acute stage is camphor. In the hypertrophic stage I use a bougie the same as in a urethral stricture, leaving it in place for four or five minutes, and then use the solution of coffee. This reaches parts that the bougie did not touch, and soothes the parts pressed upon by it. Ulcerations occurring in the nose are amenable to treatment the same as ulcers of the leg or any other exposed part. Eucalyptus is a remedy that has proved very valuable.

REPORT OF THE BUREAU OF MATERIA MEDICA.

In the absence of the Chairman of the Bureau of Materia Medica, Dr. E. A. Farrington presented the following papers, which were accepted and referred to the Publishing Committee:

Remarks on Defective Provings as Recorded in our Materia Medica, by H. N. Martin, M. D.

Purpura Hæmorrhagica as an Effect of Rhus Toxicodendron, by R. C. Allen, M. D.

Special Therapia: Alumina, by E. Fornias, M. D.

Drugs Affecting the Occiput, by the Hahnemann Club of Philadelphia.

REMARKS ON DEFECTIVE PROVINGS AS RECORDED IN OUR MATERIA MEDICA.

BY H. NOAH MARTIN, M. D., PHILADELPHIA.

Our materia medica is supposed to contain a record of the effects of drugs taken in various sized doses, which are prepared with great care, for the purposes of experimentation upon healthy persons; and these experiments are supposed to be conducted with equal care, so that when we apply the drug for healing the sick, according to the law of cure which we all profess to follow, we may feel sure of getting the response we expect, viz: relieving the symptoms we prescribe for.

After having caused well persons, who consent to take our drugs, to suffer many pains, aches and mental distresses in order to get the precise action of our drugs, we ought not to subject the sick patient to another series of experiments, not only to his great discomfort, but to the endangerment of his life. Our sole object in his case should be to rid him of his illness, as quickly and with as little discomfort to him as possible.

Does our materia medica enable us to do this?

We will take phosphorus as an example, as it is published in Allen's Encyclopædia of *pure* Materia Medica.

In a *pure* materia medica, the proving should be one of pure phosphorus, since we are obliged to give pure phosphorus for pure phosphorus symptoms. But what do we find in the elaborate list of symptoms of phosphorus? I copy from the authorities, without giving the names of the authors.

"Poisoning by phosphorus paste in food." "Effects of sucking matches, in a child two and a half years old (fatal)." "Effects of sucking matches, in a child six months old." "Effects on a workman in a match factory." "Same in a woman." "Effects on workers in match factories." Also, fifteen other cases of a like character. Also, "Effects of a large amount of rat poison in a girl." "Effects of a large amount of paste in a man." Then follow nearly one hundred more cases of effects of matches taken in various quantities. Besides these are a number of cases of poisoning by rat poison and paste.

After taking out the symptoms produced by a mixture of phosphorus, sulphide of antimony, chlorate of potash, cinnabar, Prussian blue, besides other substances, the symptoms obtained for which we must prescribe pure phosphorus are very few indeed.

We have then a few phosphorus symptoms gathered from reliable sources, and a large number of symptoms produced by poisoning with a mixture of the drugs and chemicals already mentioned. These last symptoms are mostly of a violent nature and are almost worthless for therapeutic use.

The writer of this has, at some trouble and expense of time, obtained provings of amorphous phosphorus, a substance which is the purest known of phosphorus.

These provings have been published, and in many respects they corroborate the provings of the lustrous phosphorus, as published by Allen.

These few remarks are submitted to call the attention of the profession to the fact, that it is not good practice to give pure phosphorus to relieve symptoms similar to those produced by eating matches and rat poison.

Either let us give pure live phosphorus or amorphous phosphorus, and in either case, only for such symptoms as they are capable of producing on healthy subjects.

PURPURA HÆMORRHAGICA AS AN EFFECT OF RHUS TOXICODENDRON.

BY R. C. ALLEN, M. D., FRANKFORD.

I relate this case to prove that rhus tox. can develop purpura hæmorrhagica:

Mr. C. H. B.; aged forty-one years; perfectly healthy; strictly temperate; had not felt a day's sickness for twenty-five years. He was poisoned by handling rhus vines.

He was susceptible to the action of rhus, which in prveious poisonings had always developed a vesicular eruption, lasting a few days and then disappearing in the usual quiet way. This time, however, the poisoning assumed a different form, namely, a purpura hæmorrhagica.

Two days after handling the vine the usual vesicular rash appeared upon the skin of both hands, particularly between the fingers, confirming the usual physiological action of this drug. The third day the gums commenced bleeding, ecchymosed spots, of different sizes, appeared under the surface of the skin in different parts of the body, particularly the legs, on the conjunctivæ of the eyes, on the vermillion border of the lips, and upon the surface of the tongue. On the seventh day, hæmorrhage commenced from the bladder and continued seven days. Each passage of urine, which was free and easy, four or five each day, contained a good supply of blood.

The hæmorrhage from the gums was a continuous oozing which lasted fourteen days. The amount of blood from the gums and bladder was very great, giving the patient a very marked anæmic appearance. The pulse and temperature were not altered from the normal standard until the fourteenth day, when he passed through a critical period; the temperature rose to 108°, pulse 140, respiration rapid, which condition broke up by passing into a gentle sweat.

After this critical period, the fourteenth day, the bleeding from the gums and bladder rapidly disappeared and he quickly regained his usual strength and vigor.

During the two weeks of bleeding his appetite was good, no headache, slept well, action of the skin normal, and was even in good spirits.

The treatment consisted in maintaining absolute rest in bed, a nourishing diet, and the administration, one remedy at a time, of bell., terebinth., ham., sul. acid, china, and on the fourteenth day the free use of the tincture of aconite.

Consultations were had with Drs. C. Neidhard and M. Macfarlan, who each confirmed the diagnosis and related similar cases from the action of rhus tox.

SPECIAL THERAPIA.

BY E. FORNIAS, M. D., PHILADELPHIA.

It occurred to me a couple of years ago that it would be advantageous to construct a therapia, divided into sections, and also into as many books, that practitioners might readily refer these to any particular region, without loss of time in reviewing and comparing scattered symptoms.

Our materia medica, arranged in systematic anatomical order, does not answer the purpose conveniently, as we often have to lose precious time in searching for the special symptoms desired.

Of course a therapia, as I propose, should not only contain the local symptoms of a region, but embrace under the head of concomitants, any and all possible, general or constitutional phenomena known to occur in any given malady.

And again, the work could be divided also into two great parts, one comprising local, the other general affections.

In this way we could refer to the particular subject desired, as we do to-day when we consult Norton on the eye, Bell on diarrhœa, Allen on intermittent, Minton on uterine therapeutics, etc.

Anybody in possession of these works and making a daily use of them, cannot deny their advantages for the easy selection of drugs. These books, which could remain as a part

of the general work, it seems to me, should undergo at the hand of their authors, convenient alterations and profitable additions, so as to agree with the general plan.

Each section should also contain a repertory to enhance our facilities.

It may be objected, perhaps, that such a work would be another encyclopædia, demanding a great deal of labor and time, but this objection cannot be well sustained, because part of the work is already done, and, as said above, requires only some slight alterations to be brought into shape. And for the part to be done, specialists could undertake to form the section or particular branch with which they are best acquainted, giving us their experience in the manner already described.

To reach this end, the only thing required would be perseverance and systematic work, not neglecting our materia medica too much, as is done in some of our special books, but bringing this into prominence as Norton, Allen, Bell and Minton do.

To this effect I present to your consideration the study of a drug, which, with twenty others, I have prepared in the last two years. I selected the ear, nose and throat as the special field of my labor, and I have framed my work after the manner of the above mentioned authorities. I only hope that the additions I have made may deserve your approval.

At any rate the field is open to suggestion, and in discussing the subject, I beg you to propose any addition or abstraction you may deem useful, as in so doing, you will undoubtedly furnish valuable hints to those engaged in systematic work of the kind.

ALUMINA.

Aural Symptoms.—HEARING. DYSECOIA.—One's own voice appears altered to the right ear. Dullness of hearing.

ABNORMAL SOUNDS.—*Humming in the ears*, or vibrations as from the tolling of bells when rising from bed; hissing in the ears; whistling; crepitation; snapping as if from

electric sparks, especially when chewing or swallowing. (Partial occlusion of the Eustachian tube).

SENSATIONS.—Sensation as if something lay before the ear: on blowing the nose it is felt, on swallowing it is removed. Hering. Itching in the ears, increased by rubbing.

PAINS.—*Stitches in the ears*, especially in the evening or at night. Lacerating, boring or pulsation in the ears. Jahr.

EXTERNAL PARTS.—Heat and redness of one ear only (left), (carbo veg., right) frequently in the evening (ign., one side only).

DISCHARGES.—Discharge of pus from the right ear.

Nasopharyngeal Symptoms.—SMELL.—Exceedingly acute, weak or wanting; sour smell in the nose (imaginary).

NOSE.—Pains, sensations, etc. Violent pain at the root of nose and frontal sinuses. Corrosion and dry scabs in the nose. Painful sensation, tumefaction and *redness of the nose.* Ulceration of the Schneiderian membrane, with violent pain at the root of nose and higher up. Ulceration of the nostrils, which are *sore and scurfy.* Septum narium swollen, red and painful to touch. *Stoppage of nose. Point of nose cracked.* Frequent sneezing without catarrh; with hiccough. Furunculus naris. Sour smell in the nose.

DISCHARGES.—May be fluent from left nostril while the right is obstructed, and followed by dryness and complete stoppage of both nostrils; or of *thick yellow mucus* (kali b., merc., lach.), with ulcerated and scurfy nostrils; or of pieces of dry, hard, yellow-green mucus, with swollen, red, sore nose or ulcerated septum; or copious, yellow, sour smelling mucus, with sore nostrils. Hering. Or of bloody mucus or pure blood.

FAUCES AND PHARYNX.—Pains, sensations, exudations, etc. The parts are red and inflamed (bell., merc.). *Constrictive* or lancinating pains in the throat, especially *during deglutition; difficult deglutition as if from narrowness of the parts.* The food swallowed is felt until it enters the stomach (bry., phos.). Spasmodic constriction of the throat, which

interferes with swallowing; feels the food the whole length of the œsophagus (verified). She was obliged to have the food liquid or semi-solid (H. L. Chase, Tr. Am. Inst.). *Constrictive pressure and tightness in the œsophagus*; from pharynx down to stomach, as if food could not pass (lyc.) Hering; in the throat or in the middle of the chest, when swallowing food or drink, as if the œsophagus were compressed. Jahr. Pain in throat with swelling of the gums and velum palati, attended by painful rawness of the whole oral mucosa and inability to swallow liquids. Jahr. *Great dryness of the throat*, especially on waking, voice husky; hawking and sensation of lump in the throat. Hering. *Great dryness of throat and mouth*, as if parched, with violent thirst, or with rawness. Feeling of a splinter in the throat (hep., nit. ac.). *Great dryness which induces* frequent clearing of the throat in the evening. Hah. Burning and soreness of the throat. *Roughness and scraping in the throat, with continued hawking.* Copious accumulation of a thick, viscid mucus in the throat, difficult to expectorate; *frequent hawking and difficult raising of phlegm.* Sensation of tightly adhering phlegm, which cannot be raised by cough or hawking (rumex Chron. K. 11). Thick mucus drops from posterior nares, highly annoying (hydrast.). Sensation of swelling in the sides of the throat. Hering. Chronic inflammation of the fauces; tedious swelling of the tonsils. Ulcers in fauces, spongy; secreting a yellowish-brown badly smelling pus, with boring pains from fauces to right temple and head. Hering.

Accompaniments.—*With dullness of hearing:* Atony of the bowels. *With post nasal catarrh:* Snapping in the ears as if from partial occlusion of the Eustachian tubes. *With coryza:* Lachrymation and sneezing. *With ulceration of nose:* Pains at the root of the nose, and frontal sinuses. *With catarrh of the fauces and pharynx:* Dryness, roughness and scraping; husky, hoarse voice; aphonia; thirst; hawking and dry, hacking cough. *Respiratory symptoms:* Tickling and irritation in the larynx inducing cough, especially in the morn-

ing, on first walking. The cough may be *dry* and *hacking*, with frequent sneezing; or *hard*, *dry*, *at night*, with tearing pain and involuntary loss of urine (caust.); or *short*, causing pain in the right temple and top of head, sometimes with difficult breathing; or attended by pressive *pain in the throat*, as if a lump was there, which makes the swallowing painful; occasionally yielding a piece of *mucus mixed with blood;* caused by an elongated uvula; by much talking or singing; appearing soon after walking in the morning; every morning a long attack of dry cough, ending in difficult raising of a little piece of mucus. All irritating things, as salt, wine, vinegar, pepper, etc., immediately start the cough. When the adjacent parts become involved, the chest feels oppressed and constricted, especially on sitting bent, which disappears on raising the body straight, and on walking; breathing arrested by copious, thick, tenacious, saltish mucus. *Sudden hoarseness*, with aphonia, especially towards morning; voice has a nasal twang.

General Concomitants.—*Constipation, from inactivity of the bowels, even soft stools are difficult to void* (carbo v.). *Headache*, principally frontal; relieved by lying quiet in bed. *Rotatory vertigo*, often so severe as to cause falling; sometimes with nausea or tension in the nape of neck, worse on stooping. *Tongue dry* or coated with a slimy fur. *Loss of appetite;* aversion to meat. *Abnormal cravings* for starch (although potatoes aggravate), chalk, earth (verified), charcoal, rags (verified), paper, cloves, acids and other unnatural and indigestible substances. Faintness of the stomach, relieved by satisfying these depraved cravings. *Relaxation of the abdominal walls*, they seem to hang down heavily, like a load. *Sour, bitter eructations. Heartburn; tension of the skin of the face*, as if white of egg had dried on it (baryt c., as from cobweb). *Dryness and harshness of the cutaneous surfaces, with absence of perspiration.* Sensation of *constriction* in the internal organs. Acidity of the prima via in children. Congestion of blood in the eye and nose, with

pressure in the forehead and epistaxis. Contraction and constriction in the region of the stomach, often extending up the œsophagus to the throat, sometimes with oppressed breathing. Lassitude, sleepiness and inclination to lie.

Aggravation.—*On alternate days* (general condition); in doors, while sitting in a warm room; in the morning on awaking; evenings and night; from taking cold food; potatoes; at full and new moon (sil.); from tobacco smoke.

Amelioration.—From taking anything hot, either solid or liquid; from moderate exercise in the open air; takes cold easily, yet feels better in the open air; sometimes feels moderately well at night, but cannot lie on the right side, on account of cough.

Adaptedness.—To thin, dry, withered subjects, especially old; to scrofulous children, peevish and whining (cham.), with heat in the ear lobes, or who are fed on artificial food, and suffer rom rectal inertia and depraved cravings. To hypochondriacal subjects with intolerable ennui; mild, easily offended, tearful (puls., ign.), anxious or obstinate (nux v.); unable to think, tormented with suicidal thoughts (aurum), and other evil apprehensions. *Alumina* is suitable to *catarrhal affections of a chronic character*, occurring principally in the aged, of spare habit, who suffer from lack of animal heat and inactive bowels. Or *dry, old sore throats* with tormenting tearing cough, which have lasted for many years; or nasal and nasopharyngeal, attended with ulceration and purulent secretions; or where the solidified *post nasal* mucus has blocked up the Eustachian tubes, with snapping in the ears on chewing or swallowing, especially in individuals afflicted with *tetter or scrofula.*

Therapeutic Applications.—Alumina seems to depress the excretory function of the mucous follicles. To do so, this drug must necessarily have the power to condense the tissues and constringe their blood vessels, which appears to be proved by its leading characteristic features; *dryness, with more or less irritation*; contraction and constriction of the tissues.

We know that alum when locally applied produces such effects, and, moreover, that it coagulates the albumen and gives the parts a protective coating—a fact which has led old school physicians to use it to check ulcerative, suppurative and other pathological processes. But to coagulate the albumen of the pus, for instance, and give the ulcer an impermeable layer, which may protect it from injurious influences, do not seem to me, to be the means to reach the enemy at his headquarters; it may arrest the vanguard, as it were, but the nucleus of his forces will remain untouched. To accomplish these purposes, as a cleaning to correct foulness, or perhaps to destroy the virulence of the pus, which may invade adjacent and subjacent tissues, it may share honors with tannic, boracic and carbolic acids, and other agents of the kind; but we have to admit that their action is a limited one, and that only the internal remedy can successfully root out the evil.

No amount of argument in favor of topical measures could induce me to believe that a case of chronic suppurative otitis, for instance, developed in a psoric constitution, could be checked by these means, without any evil consequences following.

The following admitted facts will add weight to my conclusion:

Catarrahal affections in sound constitutions, as a rule, rapidly resolve themselves, and are seldom followed by ulceration; so we must not deceive ourselves by giving to remedies curative virtues which probably they do not possess. On the other hand, when in constitutions originally unsound or contaminated, these cases subside into a chronic state, a common consequence is erosion or ulceration; the former, when a rapid cell-proliferation has caused the loss of epithelium; the latter, when the process extends into the deeper layer of the membranes, causing a greater loss of substance. But ulceration is most common in scrofulous, tuberculous and syphilitic subjects, and although it is often slow and confined from the

start to special parts, the intervening membrane being apparently healthy, still the fact remains that the soil has a great deal to with its extension and duration. Such is the case with the mucous follicles in clergyman's sore throat, which first become prominent, red or pale swollen points and finally ulcerate. This variety of sore throat to which alumina is homœopathic, has been attributed to *herpetism* (psora) by Chomel and other French writers, who have been criticised by other allopaths for attaching importance to a diathesis which they have failed to trace. Chomel claims, and I think with much reason, that local applications, such as nitrate of silver and other caustics, will surely aggravate this disease.

It is very significant, indeed, to see our opponents discarding local measures, as injurious agents in certain cases of ulceration dependent upon constitutional diathesis.

Again, chronicity is the natural feature of aural and nasopharyngeal troubles, and, therefore, very vigorous measures cannot be opposed with success to them, which are, nevertheless, amenable to a persevering homœopathic treatment.

How can we accept these facts, and yet believe that a gargle of alum for a sore throat, or a charge of boracic acid for a running ear, can in any shape or form remove the lurking systemic miasm which is the exciting, if not the fundamental cause of the trouble.

Alumina is one of our neglected remedies, but a close study of its pathogenesis will reveal at once its usefulness for chronic catarrhal affections of the faucial and nasopharyngeal spaces. I have had occasion to verify this, in four cases of pharyngitis, which I treated with remarkable success in the last three years.

Three of these cases exhibited great dryness, roughness and scraping, and the posterior pharyngeal wall, on inspection, appeared smooth, glazed and red, and so tense that it looked as if the mucous membrane were stretched over the subjacent tissues. Beneath it, small injected vessels could be

seen here and there. In all of them there was more or less desire to clear up the throat, to hem, and occasionally to cough for a long time, in order to get rid of tightly adhering mucus. In fact, hawking was a prominent symptom. One of them, a lady teacher, had acquired the habit of constant hemming, which made the case an obstinate one, as it proved to be a constant source of irritation. The exudation was never so increased as to be noticeable in any of these cases, but what little there was, required much effort to be expelled and gave great annoyance. The voice was altered to the extreme of losing its purity, and its use, in the case of the teacher, was highly fatiguing. This lady, and also another patient, a cigarmaker, who was an immoderate smoker, suffered from repeated attacks of hoarseness, especially in the morning on waking, and from sluggishness of the bowels. With the cigarmaker the smoking was also a source of irritation, and not until he quitted it, did a persisting dry cough disappear. The other case, an old man (photographer), was very susceptible to atmospheric changes, and every exposure increased his trouble and altered his voice remarkably. He had frequent spells of a hard, harrassing cough, especially in the evening, which, after long efforts, yielded small pieces of phlegm and caused often escape of urine. During sleep the dryness was such that almost every night he was awakened by it and had to get out of bed to moisten the throat with water, in order to get some relief.

The fourth case, a tippler, was not a successful cure, as I was unable to convince the man of the harm he was doing to himself by continuing to drink. Only for three weeks did he abstain from liquor, and during that time alumina showed its curative value, in a very marked manner. But Satan conquered him at last and all my efforts were lost. When I first saw him the posterior wall of the pharynx presented a livid appearance, with a somewhat thickened surface. The dryness was greatly relieved after taking warm food, but in the morning he was compelled to swallow saliva to moisten the parts. This act

caused snapping in the ears, and he felt then as if a fish-bone were lodged in the throat. There was also a great deal of roughness and scraping during the day, which was occasionally increased by acid eructations. Sometimes a long attack of dry cough yielded finally a little tenacious mucus. In the evening, and especially after drinking rum, there was a marked hawking to clear his throat of a viscid salty mucus. His voice was always husky, and the bowels constipated. He complained besides of rotatory vertigo and headache, which were relieved by lying in bed.

As my object is to typify this drug by means of these illustrations taken from my note-book, I will complete them with the following remarks:

In the cases of the school teacher and photographer, the soft palate and tonsils were in a nearly normal condition. In those of the smoker and tippler, the tonsils were somewhat enlarged and sore, causing some pain on swallowing. Only in the case of the smoker there was some enlargement of the follicles, but these were not so numerous as in follicular pharyngitis. There was hypertrophy only in the case of the tippler. In none did I find abrasions, ulcerations or granulations. The cases of the teacher and photographer I put down as *pharyngitis sicca*, where I think alumina has no equal. The case of the tippler presented the most gastric symptoms. And only the case of the smoker partook of the follicular type.

All these cases were tedious and demanded a persevering treatment. The most important cure was that of the cigar-maker, whose trouble had lasted for eight years, but I must confess that it was greatly aided by his quitting the use of tobacco.

If we should take these cases as a guide, *alumina* would be indicated in *chronic* pharyngeal affections, where dryness and ineffectual hawking and coughing are prominent symptoms, as well as when there is little or no ulceration and thickening.

The chronic disposition to eructations, for which Hahnemann so highly recommended it, suggest this drug in *gastric*

pharyngitis, especially when the food, for want of gastric juice, undergoes fermentation, and the sour risings or gases coming in contact with the pharyngeal mucosa keep up or increase the irritation.

Literature.—OTORRHŒA.—It is homœopathic to chronic and obstinate otorrhœa, arising from a scrofulous affection of the mucous membrane of the ears. (J. C. P., Hull's Jahr.)

OTITIS.—Auricula reddened, with sensation of heat, tension, stitches and pain in it, and in the meatus; discharge of pus. Sensation of crackling in it; roaring in the ears. (Heinigke.)

OZÆNA CATARRHALIS.—Soreness and scabs in the nose, with discharge of thick yellow mucus. (Lippe.)

NASAL CATARRH.—Chronic nasal catarrh, with scurfy, sore nostrils, and discharge of thick yellow mucus. Discharge of dry, hard, yellow-green mucus from nose; nose swollen, red, and sore to touch, worse in the evening. (Hering.)

NASAL CATARRH.—Great accumulation of mucus in the evening, and in the morning on waking, with frequent hawking and difficult discharge of dry, yellowish-green mucus, with weak or entire loss of smell. (Lilienthal.)

NASAL CATARRH.—Nose dry; scurfy sore nostrils, with discharge of thick yellow mucus, or of dry, hard, yellow-green plugs. The parts, especially septum narium, may be swollen, red, and sore to touch, worse evenings. Point of nose cracked; weak or entire loss of smell. (Farrington's Lectures.)

NASAL CATARRH.—Alumina is adapted to old catarrhs, where the nasal mucous membranes and those lining the passages to the ear are broken down by ulceration, especially persons afflicted with tetter or scrofula. To dry catarrh; scurfy sore nostrils; or where there are plugs of mucus blocking the Eustachian tubes, with snapping in the ears on chewing or swallowing, and dullness of hearing associated with atony of the bowels. (Brigham.)

NASAL CATARRH.—M. B.; printer; æt. twenty; chronic catarrh for five years. Trouble came on gradually, the dis-

charge being offensive, thick, yellowish mucus, or greenish scales. Root of nose sore and painful to the touch, and sometimes severe frontal headache, with darting pains over the eyes; rush of blood to the head and vertigo. Obstinate constipation, even soft stools being passed with difficulty. Alumina effected a cure in six months. (Morse.)

Post Nasal Catarrh.—Alumina is useful in chronic catarrh of dry, thin subjects and old people, with great inactivity of the rectum. The great accumulation of mucus takes place in the evening, and in the morning on waking. A thick, tenacious mucus comes from the posterior nares in the evening and in the morning on waking, with frequent hawking and difficult raising. Discharge from the nose of pieces of dry, hard, yellow-green mucus. The sense of smell is weak or wanting altogether. (Hempel and Arndt.)

Post Nasal Catarrh.—A girl, twelve years old, had a discharge of a thick, yellow, fœtid liquid from the posterior nares, especially in the morning; by snuffing up warm water she frequently succeeded in removing large, solid, yellowish-green pieces of dried matter. The nose is stuffed up; there is nose-bleed, loss of smell, pain at the root of the nose and frontal sinus; sickly and pale color of the countenance; hard, dry stool; emaciation; salt rheum on the hands. Alumina ^{30} and ^{15}, continued for several months in repeated doses, cured the case. (Knorre in *Allg. Hom. Zeitg.*, v. 21.)

Chronic Nasopharyngeal Catarrh. — Scrofulosis, coupled with nasal and aural discharge; ulceration of the Schneiderian membrane, with discharge of a thick yellowish mucus or expulsion of yellowish-green scabs, stoppage of the nose, snapping in the ears, when chewing or swallowing, caused by partial occlusion of the Eustachian tube. Septum narium swollen, red and painful to touch; redness of nose, tip cracked; after blowing nose, glittering before eyes. Pain in the root of the nose, chronic inflammation of the fauces, with accumulation of tenacious mucus in the throat; obstinate constipation; better in the open air, although liable to take cold from the slightest exposure. (Lilienthal.)

Dry Sore Throat.—Mouth dry, though saliva increased. Throat dry, parched and raw; very dry on waking, with husky, weak voice. The dryness induces frequent clearing of the throat in the evening. Pressure, as if a plug in throat. Feeling of a splinter on swallowing. Feels the food all the way down the œsophagus. Difficulty of swallowing from dryness of the throat. (Farrington's Lectures.)

Sore Throat.—Chronic catarrh of the fauces, characterized by continual hawking and the sensation of a lump in the throat. (Kafka.)

Chronic Pharyngitis.—It is homœopathic to a very common and troublesome chronic affection of the pharynx, in which the organ looks as if it had been dried, glazed, or varnished, with or without considerable redness, and always with great dryness and stiffness of the throat, and more or less hoarseness. (J. C. P. in Hull's Jahr.)

Clergyman's Sore Throat.—Livid redness of the throat, sensation of laxness of the throat, a sensation of pressure as from a lump, with soreness; the voice sounds rough; dryness and stitches in the throat, as if something pointed was sticking in it, roughness and scraping are present. Throat symptoms are aggravated in the evening and at night; better in the forenoon; warm drinking and eating relieves. At the beginning great dryness of the throat, followed by the profuse accumulation of thick, tough mucus, especially in the evening and in the morning when waking. (Hofrichter.)

Clergyman's Sore Throat.—Livid redness and sensation of relaxation of throat; feeling as from a lump, with soreness; dryness and stitches in throat, when talking, as if something pointed was sticking in it; swallowing causes crepitations in ears; spasmodic constriction, salivation, and impossibility to swallow or to open the mouth; worse evenings and at night, better by hot drinks or eating. (Lilienthal.)

DRUGS AFFECTING THE OCCIPUT.

BY THE HAHNEMANN MEDICAL CLUB OF PHILADELPHIA.*

(Confirmed symptoms are marked *; merely clinical, °; > means amelioration; > > entire relief; < signifies aggravation; < < marked aggravation).

Aconite. Occiput: as if injected; jerking, tearing; shooting. Head drawn backwards.

Useful in congestion; neuralgia; convulsions.

Actæa spicata. Hammering pain in occiput; rheumatic patients.

Æsculus hippocastanum. Heavy feeling, pressure; bruised feeling with lameness in back of neck; dull pain to ears; lancinating at base of brain, as if too full. Dull pain, flushes of heat in integument.

Useful in congestion, especially in persons suffering from piles, suppressed hæmorrhoidal flow; or from the characteristic spinal weakness.

Æthusa cynapium. Distressing pains in occiput and nape of neck, extending down spine; feels as if stretching stiffly backwards would relieve; sticking and beating in upper part of right side of occiput. A tearing in right occiput, shoots through the whole head and extends to the right side. Tearing stitches from occiput forwards.

Doubts have been thrown upon the validity of the toxic symptoms of æthusa [see Allen, vol. x, and Hughes' Pharmacodynamics, 4th ed.]. The above, however, are unquestioned and suggest the drug in irritation of the brain and spine. Crampy, constrictive and band-like pains, so common in this drug, show its spinal action. These symptoms seem to be reflex from gastro-enteric irritation, for nausea, vomiting, tendency to diarrhœa, and a sense of a lump or load in the stomach attend or precede them; while excessive prostration, shrinking and dryness of the skin, peaked face and coldness, show how damaging the drug is to nutrition, and warrant our common use of it in cholera-infantum, dentition, etc.

*Prepared by E. A. Farrington, M. D.

It seems that the distress in the occiput and the desire to bend back as in opisthotonos, tally well with the toxical cases, which claim cerebral congestion and effusion, and intestinal inflammation. I should then consider it

Useful when the occipital pains are accompanied by the gastro-enteric characteristics, or even by convulsions, with colic, green stools, tenesmus, distended abdomen; clenched thumbs, up-turned eyeballs. (Clifton.)

Agaricus muscarius. Boring, burrowing, pressive, drawing, tension, sense of heaviness; tearing, stitches; creaking; stiffness.

Useful in chorea, cerebro-spinal irritation from abuse of alcohol. It has been given successfully for irritation in back of brain and in spine, with rolling of head in pillow.

Ailanthus. Electric thrill from brain to extremities. Darting through temples and back of head, with confusion of ideas. Pain in occiput, dizzy, ringing pain in forehead; left side of face swollen, face erysipelatous; patient heavy, sleepy, nauseated at times. Beating in occipital arteries.

Useful in the course of scarlatina, erysipelas, typhoid states, when occiput pains, mind is dull, and face of a dark, livid or mahogany color.

Alcohol. Sensation of fullness at crown and back of head. Apoplectic congestion, with snoring, usually dilated pupils, suffused, dark face, and paralytic trembling and weakness. Muscles of neck and back give out.

Employed more for general cerebral congestions, especially with evidences of organic lesions of brain; but may be useful in the progress of typhoid states, when congestion of brain and spine obtain, with above symptoms. It compares here with bellad., opium, agaricus, and particularly ABSINTHIUM.

Allium cepa. *Headache in occiput, then in right side over eye. Headache on both sides of occiput, afterwards in two large round places in upper posterior part of head; later, a general humming of part as if asleep; seems to be in the bone rather than in the scalp; also with confusion in the occiput; better in open air, worse in warm room.

Useful in "catarrhal patients," who suffer from headache if they study or work in a warm room.

Allium sativum. Dull pain in occiput in morning while lying on back.

Aloes. Congestion to occiput; sense of dull pressure in whole head when walking, shaking as if brain was loose, worse in fresh, cold air, also on laying head down; then and a while after rising, beating, thumping pain, like pulsating, especially in occiput. In the occiput and abdomen, beating at night when lying down; stitches when stooping; external soreness.

Useful for passive hyperæmia, accompanying or rather depending upon abdominal congestion. Hæmorrhoidal and abdominal symptoms must decide, though if the occipital symptoms are accompanied with dull pain over eyes, lids feel heavy and draws eyelids together for relief, ALOES will remove all. Compare ailanthus, but particularly sulphur.

Sometimes the aloes headache alternates with pains in the lumbar region.

Alumina. Pressure on occiput and forehead as from a tight hat. Short-lasting, dull pain in occiput. Headache in occiput as if bruised; passes off on lying down. Pain in head and nape of neck; increases on going to bed, ceases in the morning on rising.

Ambra grisea. Pressive drawing from nape through head, and over root of nose, considerable pressure remaining in lower part of occiput. Confusion of occiput. Tearing and pressure up as far as top and forehead.

Useful in nervous patients, hurried manner, anxious; when conversation unduly fatigues, causing heaviness of head, oppression of chest, tremor and weakness. Limbs go to sleep easily; loss of sensation in feet. Comprehension slow; memory weak; nervous vertigo, especially in old persons.

Ammoniacum. Pains pressive, <supra-orbital and occipital regions; confused, intellectual labor interfered with.

Useful for those who are subject to catarrhal asthma, violent action of the heart, ebullitions of blood; or, for those

whose eyes become easily strained when taxed; bright sparks or mists before eyes.

Ammonium muriaticum. Occiput feels as if in a vise; later, in sides of head, with excessive ill humor.

Amyl nitrite. Throbbing and fullness of head to bursting, even becomes unconscious; face livid. Throbbing in occiput: not here distinctive, but only a local manifestation of the general action of the drug upon the blood vessels.

Anacardium. Constrictive, *band-like*, headache; feeling as of a tense band from nape to ears; must lie down. DULL PRESSURE AS FROM A PLUG.

Characteristic, is the peculiar pressure. Anacard. is especially called for when the occipital headache is accompanied by a contractive stiffness of the neck, felt at rest and not usually worse from motion, though it may be. (Compare rhus rad.)

Angustura. Pressure in occiput, afternoon. Drawing at sides of occiput. Tension and drawing in muscles of neck. Drawing in occiput, sides of head, fingers, etc.

The occipital pain is merely a part of the general tension caused by the drug—an action that has led to its use in tetanus, and this, too, since the discovery that there are two sorts of angustura; one the vera; the other, a variety of strychnos nux vomica.

Antimonium tartaricum. Occiput becomes heavy, with an anxious, oppressive sensation. On stooping, sense as if something in occiput fell forwards. Raging or throbbing pain on right side of occiput.

Probably useful in chest and stomach affections, when the occipital heaviness indicates a congestive state of the medulla and base of brain, with consequent involvement of the pneumogastrics. Antimony has an affinity for the base and medulla. Heart symptoms, dyspnœa, drowsiness, nausea,—one or all will be present.

Apis. Aching, increased by shaking head. Headache with fullness and heaviness in occiput. Pressure. Tension from the back of the neck. Violent drawing from back of neck over left half of head.

The well known value of apis in meningitis leads us to infer that the above may very readily indicate irritation, congestion, etc., within the cranium.

Argentum metallicum. *Pressing pain in forehead with stupor, and drawing pressure in occiput. Nape of neck feels stiff; there seems to be something foreign in the occiput, a sort of drawing and pressing.

The silver headache is neurotic, seemingly in the brain substance and outgoing nerves. It reaches its culmination, raging as if a nerve were being torn into, and then suddenly ceases. Sometimes the occipito-frontalis muscle twitches spasmodically. There is also painful tension on both sides of the foramen magnum.

Argentum nitricum. Digging, cutting motion through left hemisphere, from occiput to frontal protuberance; increasing and decreasing rapidly. Band-like strips, traction, from occiput into middle of brain. * Digging and tumultuous raging in right hemisphere until he loses his senses; if pain abates in forehead, it increases in sides of head and towards occiput, extending thence down the neck.

Arnica. Pressive headache, now more in forehead, now in occiput. *Pressive as if head were being distended; pain seemingly from something soft in vertex, with drawing in occiput. Violent sticking in forehead and occiput on waking in morning. Pain in occiput, as from electric shocks.

Headaches in general are accompanied with confusion, fullness, heaviness, with dizziness; *burning in brain, the body being cool. Occipital pains are not characteristic.

Arsenicum. *Headache in occiput; tearing.

Arum italicum. Damp weather causes persistent headache, worse at the occiput.

Arum triphyllum. Shooting pain in occiput when turning eyes upwards in morning.

Asafœtida. Aching in occiput, gradually extending over the head as if the brain was compressed by a cloth thrown over it. Drawing. Pressure.

Asarum europæum. Feels arteries in occiput, then all over. *Tension of whole scalp.

Asclepias tuberosa. Headache presses deeply upon base of brain, and is like that of ipecac.

Asterias rubens. Pains more severe at back of head than at the forehead. Dull occipital headache, comes and goes suddenly.

The asterias headache is congestive and neuralgic.

Aurum. *Fine tearing from right side of occiput through the brain to the forehead; worse during motion.

Aurum mur. natronatum. Heaviness and heat in occiput. Boring in left side of occiput. Drawing in bones.

Aurum sulfuratum. Lancinations in occiput.

The prover of aurum met., who furnishes the above confirmed symptoms, describes similar tearing pains in the limbs, back, joints, and even in the teeth, with swollen gums. It is a fair inference that the tearing is periosteal.

Baptisia. Dull feeling, especially in the occiput, where there is slight pain and fullness. Dull pressure.

Baryta acetica. Pressing-asunder stitch, traverses left side of occiput, ends in the cervical vertebræ. Heavy sensation in whole occiput, <close to neck, with tension in same not <motion. Sudden sensation of drawing from the occiput over the right ear and lower jaw. Dull, pressive pain in occipital bone, from cervical vertebræ behind right ear, obliquely to parietal bone.

Baryta carbonica. *Rheumatic pains in occiput; cervical and occipital glands swollen. Throbbing, extending to frontal eminence.

Baryta sulfurica. °Throbbing in the occiput or in whole head.

Baryta irritates the nerves slightly, and then causes muscular weakness, paresis and even paralysis. It is useful in neuralgia and in rheumatism from exposure, especially to damp. The CARBONATE cures, particularly when stiff neck, rheumatic pains and swollen glands obtain. The acetica

deserves a trial for its well-defined pains. Accompaniments may be, in either remedy, tension of face as from cobwebs, general tenseness of skin, which is as dry as parchment. Scrofulous persons, who take cold very easily, have large, hard, abdomens, and mentally are dejected, irresolute, slow in comprehension. Also in old, infirm, persons, whose blood vessels are undergoing senile changes, who are threatened with apoplexy and who readily catch cold on the least exposure.

Belladonna. *Jerking headache, worse when walking quickly or going up stairs, and when at every step there is a jolt downwards as if a weight were in the occiput. Throbbing pressure, left side of occiput. Cutting in head to left occipital protuberance. Severe, rapid stabs in occiput behind ear. *Sensation of weight, with violent pressing in the occiput. *Head drawn backwards and bored deeply into pillows.

The occiput may participate in the general congestive and inflammatory action of this remedy, and, in some cases, may be the chief point of attack. Then the patient cannot lie down on the back or incline the head backwards. Inflammation at the base of the brain causes boring in the pillow, and if this extends into the spine, opisthotonos also.

Benzinum. Severe darting in occiput from below upwards, recurring in paroxysms, <from motion, and especially rising after sitting.

Berberis. Pressive, tearing pain in occiput, as if scalp was too small and brain too large. Tearing in left occipital region. Tearing, sticking in left side of neck and posteriorly in slow jerks upward to occiput.

These are the well known pains of berberis, and indicate the remedy in neuralgia of neck and occiput, especially if the patient is weak from defective assimilation and tissue-oxidation, the urine depositing a copious loamy sediment.

Bismuthum oxidum. Dull cutting in brain, begins above the right orbit and extends to the occiput. Pressure and sen-

sation of heaviness, <on motion. Twitching, tearing whole left side of occipital bone, <close to parietal.

This oxide, which, however, is probably the sub-nitrate, is of eminent service in pains of head, eyes and spine, when reflex from gastric origin. The tongue is white, the taste bitter, and there are nausea, burning pressure and distress in stomach through to the back, *with a sore, burning spot in the spine.* Prostration is excessive, while the face is often indicative of poor nutrition and of abdominal distress; earthy face, blue rings around the eyes, features changed as if he had been sick.

Trousseau uses the drug for eructations non fœtid, diarrhœa worse when child is weaned, also when continuing after dentition; stools cadaverous; excessive exhaustion, but surface remains warm.

Borax. Throbbing in occiput as if it would suppurate, shivering all over. Pulsating rush of blood into occiput.

Bovista. After walking in open air, violent pressive headache, heavy feeling <occiput, >night and in room. Confusion and heaviness, lids inclined to fall, eyes feel as if they would be drawn backwards, especially in a bright light in evening; anxiety and uneasiness of body. Dull, with tension in temples. Pressive pain, extending over vertex to forehead. Feeling in occiput as if everything would protrude. As if wedge was being pressed in occiput. Violent sticking and tearing, left side of occiput. Dull boring; pressive stitches in occiput to forehead and over left eye, in warm room. Tearing in occiput and in lower jaw. Violent fine stitches in left side of occiput.

Bovista affects the brain so as to cause anæsthesia and symptoms of asphyxia. It has, therefore, been used for the ill effects of the fumes of burning charcoal. It should be thought of in occipital headaches of weak persons, who have cerebral hyperæmia, tendency to ptosis, drowsiness, etc. A sense as if the head were enormously large is an excellent characteristic.

The drug here resembles gelsemium. In a clear case, however, the bovista cutaneous symptoms will be present.

Bromine. Heat in occiput. Toward evening in rather damp weather. Pains in bones of head, mostly in forehead and occiput.

Bone pains are less characteristic of brom. than are congestion to chest and head, croup, pneumonia, etc. They come usually after these other symptoms. As they were rather worse in damp weather, and as we know clinically that bromine has aggravation from dampness, etc., we may essay the remedy in rheumatic, scrofulous patients, with pains in occipital bones, etc. Compare baryta, aurum, dulc., merc.

Bryonia. Awoke with headache, <over left eye, after rising, pain extended toward vertex and occiput, and there disappeared. Slight headache left side of forehead and in occiput, with slight tension below mastoid. Drawing, distending headache, left half of forehead and occiput while walking. Slight drawing in forehead and pressure in occiput. *Pressive pain above left eye, followed by dull pressive pain in occipital protuberances, whence it spreads over the whole body; pain so severe on quick motion and after eating, it seemed like a distinct pulsation within the head. Hollow throbbing in forehead and occiput. Pressing together in temporal muscles alternating frequently with drawing pains in occipital protuberances. Sensible beating in vertex with same and fullness within cranium in region of cerebellum. Numb sensation, occiput feels enlarged. Dull pain. *Headache in occiput to shoulders, like heaviness on sore spot, morning in bed after waking while lying on back. Painfulness in lower portion of left side of occiput, <by touch. Dull pressure. *Pressive pain with drawing down into neck, >towards noon. Sharp pain in left occipital protuberance, coming and going suddenly.

The direction of pains, from before backwards, is very characteristic of the bryonia headache. Few drugs act so prominently as this upon the occiput. Its symptoms, some of

which have been confirmed, show it to be useful in gastric, bilious, congestive, neuralgic and rheumatic occipital headaches. In rheumatic cases, stiff neck is a common accompaniment. Although in typhoid bryonia has generally been given in frontal headache, its occipital pains must not be neglected. Compare here, however, rhus rad. (*q. v.*).

Bufo. Hammering from eyebrows to cerebellum. Lancinations in cerebellum, making head fall backwards; loss of consciousness, falls down, tonic and clonic spasms, face turgid and distorted, bloody saliva, involuntary urine, repeated shocks through body, legs in more violent motion than arms, face bathed in sweat. Pains in head make nape of neck feel as if compressed.

Some of these indications are doubtful because derived from the experiments of Houat, but we know enough of bufo to be certain it affects the region we are investigating. It should be remembered in epileptics who suffer from occipital compression and stiff neck before paroxysms.

Cactus grand. Heaviness and pain in posterior of brain, <lying on back. Constant dull pain in cerebellum. Pain and drawing <moving head. Pressure > by quick exercise or mental activity.

Cereus bonplandii. Head as if suspended under skull and base of brain. Head felt drawn backward. Pain through forehead, left side, to occiput. Disagreeable feeling in back of head, seeming to pass down neck and end in a disagreeable sensation approaching qualmishness at the stomach. Sense of a board bound to back of head, <left side. Occipital headache. Pain running through to cerebrum. Drawing. Pressing sensation, left side of occiput, immediately afterwards counter pains on left side of forehead. Forcing inwards in occiput on line with sagittal suture, on walking and descending one or two steps. Pain in upper spine and medulla oblongata, up through brain < stooping or bending head forward.

Cereus serpentinus. Back of brain feels detached and as if rotten.

The cactus plants seem to exert considerable influence upon the circulation in the occiput. This with the well known constrictive, band-like sensation—a sensation varying from the iron grip at the heart to mere pressure, heaviness or drawing —constitute the chief characteristic of these remedies.

In one prover, cactus grand. caused some inco-ordination of cerebral origin: difficulty in fixing the attention, slight reeling gait, muscles obey inaccurately, occiput sore to touch, pressure there, which quick exercise or mental activity relieves. This last modality proves that there is an undue fullness of the transverse sinus, and probably, too, of the veins in and about the cerebellum, which exercise causes to move heartward.

Calcarea acetica. Drawing pain right of forehead above eye and in occiput on exerting the mind. Drawing, pressive, tearing, headache, now in forehead, now in occiput, now in temples >pressure or exerting mind. Feels as if occiput would be pressed asunder. Pressive pain, suddenly shooting through the occiput. Jerk-like pressing outwards left side of occiput, extends down into neck. Drawing, pressive headache in left of occiput, stiff neck. Sore pain in occiput when touched, as if place was suppurating.

Calcarea carbonica. Violent dull headache, first in forehead, then in occiput. Crackling, audible, in occiput, followed by warmth in neck. Heaviness, pressure. Headache in occiput whenever she ties anything tightly about the head. Drawing always towards side he moves head, > after sneezing. Gnawing. Tensive pressure. Cutting in occiput and forehead < walking and from pressure. Stitches in right side of occiput.

Calcarea caustica. Confused, dull pressure in forehead extending to occiput, could scarcely attend to business. Dull rheumatic pain; neck stiff. Pressive pain.

Calcarea phosphorica. Staggering, dizzy when walking, with drawing in nape of neck, and confusion of head. Headache on top of head, behind ears, and drawing in muscles of

neck to nape of neck and back of head. Muscles of neck hurt up to occiput. A slight draft is followed by rheumatic pain in neck, stiffness and dullness of head. *Crawling, running over top of head as if ice were lying on upper part of occiput; head is hot, with smarting of roots of hair. Aching, drawing around lateral protuberances. Dull, sleepy, oppressive pain of whole head, < in cerebellum.

It is in rheumatic headache of the occiput and neck that the calcarea salts are most effective. Still, in headaches, even congestive, when the peculiar ice-like feeling is present, CALC. CARB. and PHOS. are both useful.

Camphor. Headache, front to occiput. *Contractive pain at base of brain, especially in occiput and above root of nose; <stooping low, lying down or from pressure, with cold hands and feet, hot forehead and coma vigil. Fine tearing in left side of forehead and of occiput. Pressure. Uneasy feeling. Cutting pressure from left side of occiput towards forehead. *Throbbing in the cerebellum. (See Glonoine.)

Cannabis indica. Vertigo on rising, with stunning pain in back part of head, he falls. Vertigo, head inclines backwards. Dull, heavy throbbing pain through head, with sense of heavy blow on back of head and neck. Jerking in right side of forehead towards interior and back part of head. Headache in occiput and temples. Fullness in right of cerebellum. Dull pain, <shaking head. Sense of pressure at back of head, before convulsive movements, changing to an unpleasant feeling of heat, then of cold, he carries hands automatically to the spot, they are held there as if it were difficult to detach them. Feeling of surging from posterior of head toward forehead. Surging up neck into head, seeming to press it forward. Peculiar feeling as if a stream of warm water, gradually stealing up back into brain. Sense of a red-hot iron rod passed up from sacrum to atlas, around the occiput over eyes from right, stopping at left ear, leaving a feeling as if charred.

A very precious remedy is this hashish, serving well in uræmic headaches, congestions of brain and spine, meningitis,

abuse of alcohol, etc. Characteristic are errors of space and time, perception of both being extravagantly overestimated.

Cannabis sativa. *Pressure beneath frontal eminence, deep through brain to occiput. Heaviness. Heat. Tension in occiput, then in forehead, lastly in temples. Drawing to occiput. Pressive pain right side of occiput.

Cantharis. Twitching in right occipital bone, then in left knee. Sticking pressing pain. Stitching in left side of occiput. Stitching tearing from both sides inward. Stitches deep into brain on right occipital bone. Dull violent stitches in succession in occiput, extended into forehead, deep internally. Tearing from left side into left forehead, with vertigo lasting longer than pain. Tearing in nape of neck and stitching in right cervical muscles on moving head, whence it extends into upper part of head.

The deeply penetrating stitches extending towards forehead, occurred in same prover who had deep soreness and heaviness in forehead, head feels as if being pressed forward.

Carbo animalis. Heaviness, especially in occiput and left temple, with confusion. Pressive headache. Pressive pain in small spot. Stitches and throbbing. Twitching tearings shoot back and forth in left occiput. Painful tearing and sticking in right.

Carbo vegetabilis. Dizziness as after intoxication spreading from occiput, <walking. Severe headache, on stooping it presses out in forehead and occiput. Drawing all over head from occiput. Sticking headache extending into occiput. Tearing through whole head, starting from small spot in occiput. Crackling in occiput while sitting. Confusion in occiput as after intoxication. Confusion like a tension from within. Much severe pain in occiput and boring in forehead, with sweat, pale, cold face, trembling hands, nausea. Drawing, tearing left side of occiput. *Dull headache in occiput. *Violent pressive pain in and on the occiput, in the lower portion. Pressure < after supper. Pressive headache in upper part right side of occiput, with pressure in eyes. Pressive

headache, first in neck then in forehead, then lachrymation with closure of lids. Burning-sticking in a small spot. Tearing here and there, in left side of occiput, face, shoulder, thigh, etc., with severe pressure in arms and legs. Throbbing headache violent in occiput as if suppurating. *Drawing in nape up into head, with nausea and rush of water from the mouth.

These two forms of carbon are characterized by headaches with a feeling of weight or heavy pressure, the mind is dull and confused, as after a debauch. Very important in carbo veg. is headache from occiput forward, with nausea, dizziness, etc., particularly in old offenders in debauchery, or in old dyspeptics with an abundance of flatus in the abdomen, causing distension, dyspnœa, headache.

Carbo a. has relieved heaviness in cerebellum, <in cold air, >after dinner; feet weary.

Carboneum sulfuratum. Compressing, band-like pains in occiput and temples.

In these days of the menthol craze one is reminded of the carbon sulphide, which ought to relieve terrible headache with cerebral intoxication or with paralytic weakness. Phosphorus antidotes.

Castoreum. Pain in occiput as if head would be drawn backwards. Pressure and throbbing in left side of occiput externally in small spot, internally widely extended; pressing spot relieves pain, but sensitiveness remained and she felt stupefied, during dinner. Throbbing: as from an ulcer; with sticking and tearing in right side of occiput. Tearing and sticking right side of occiput like shootings, while standing.

To be thought of for nervous women, after exhausting disease, when they remain weak; relief from pressing spot is very important.

Causticum. Occipital bone feels numb, pithy or dead. Drawing pain. Tensive headache arising from nape. Sudden pain in occipital bone while sitting, as if something in muscles had been displaced. Throbbing pain right side of occiput; on

rubbing it extends towards vertex, where it continues for a long time as if beaten. Drawing pressure in right side of occiput and muscles of neck, <on rapid walking, arising in the open air.

This drug should be remembered in rheumatic or neuralgic patients, especially when they suffer from every exposure to cold winds, or when pains are accompanied with paralytic weakness.

Cedron. Dull pains in head, but very sharp in occiput and in nerves of face and eye; sharp, flying pains all over on getting warm in bed. Bending head backwards, with pressure on occipital and parietal regions, as if they would burst. Headache deep in orbits, extending to occiput; must shut the eyes; with shuddering of body, hands, feet and nose cold, heat of face. Pain in occiput and forehead.

Excellent in neuralgia, periodic or not, malarial or not, provided only the patient is nervous, excitable, with cold hands, feet and nose, and congestion to head.

Chamomilla. Sense of confusion, heaviness, pressure and fullness; inclination to bend head backward. Dull stitches, desire to bend head backward. Excited disposition.

Chelidonium. *Heaviness, as if could not raise head from pillow; or, feels as if head lifted when he arose but occiput remained lying, held firmly by the neck. Pain in occiput with sensation as though head would be drawn backward. *Tensive sensation right side of back of head. Drawing, with anxiety in chest. Pressive drawing left side of occiput. * Drawing, pressing-like stitches from left side of occiput to forehead. * Heaviness and tension in muscles of nape and in occiput. * Violent pains back and forth from vertex to neck, shoulders thereby drawn up.

These symptoms seem to be a part of the spinal irritation caused by chelidonium. They are not necessarily connected with hepatic symptoms. Clinically the drug has: °cold sensation in occiput from nape.

China. Drawing, painful; drawing in left side of occiput or in articulation of occipital bone and atlas, > bending head

backward. Severe pressure as if cerebellum would be pressed out. Drawing headache from occiput to forehead as if latter was drawn together, ending in throbbing in temples, >walking and by pressure of hand, <when sitting. *Violent pressive headache deep in brain, constricted sensation, <right side of forehead and in occiput, <walking.

Chininum sulfuricum. Headache in forehead, extending to occiput.

Cimicifuga racemosa. Pain from right eyeball through to right side of occiput, slightly affecting the ear, at night. *Pain in head seems to extend over and through whole brain, producing distinct sense of soreness in occipital region, <<by motion. Pain in forehead over vertex to occiput; dizzy; yawns.

Cinnabaris. Drawing pain from crown to occiput. Fullness, pressure in occiput and back of neck after rising from bed, >at noon. Rush of blood to back of head; violent itching and heat extending to each ear, lumps formed behind left ear. Pain in back part of neck when head is thrown back, extending to occiput. Constant pain in right side of head; from temples pain goes to occiput.

Clematis. Pain in occiput in morning, <in open air.

Coca. Pressive headache on right side and in occiput. Pain in lowest part of occiput when yawning, sometimes preventing its completion. Drawing in occiput while reading, extending to temples. Headache, in fresh air, changed to occiput as if it was held from ear to ear in a vise. When head is bent forward while he is writing, transient giddiness seemingly from occiput forwards.

Coca acts more on the forehead than on the back. Still, in some cases of brain-fag, the occiput becomes affected, and this plant will help, *cæteris paribus.* The giddiness coming from the occiput is noteworthy. As a symptom it compares with silicea.

Cocculus.

In an epidemic of cerebro-spinal meningitis, Dr. James was very successful with this drug, when there was present a sensation as if the occiput opened and shut.

Coccus cacti. Pressive pain in right side of forehead, sometimes to occiput. Violent raging pain in right eye along squamous portion of temporal bone on inner side to occiput; as if fluid injected paroxysmally into a small blood vessel. Sense of a hot constricting band from mastoid to mastoid, across occiput, finally the whole scalp seemed drawn. Dull boring towards left ear. Pressing pain, scalp as if swollen.

Colchicum. Sharp, painful drawing tearing in left half of head, commencing in eyeball and extending towards occiput. Headache from forehead towards occiput. Dull drawing from nape across occiput to ears. Pressure deep in cerebellum from the slightest literary work. Oppressive heaviness in occiput, <on motion or on bending a little forward. Tearing in a small spot left side of occiput.

Excellent for overtaxed brains; if the patient loses any rest, he becomes mentally tired, and suffers with nausea, bitter taste, etc. He is irritable and intolerant of even slight pain.

Colocynthinum. Heaviness, pain. Cerebellum sensitive on turning head. Stitches traverse occiput, when he treads heavily; or dart through cerebellum like lightning on coughing.

Colocynthis. Boring in right side of occiput. Violent, long continued pressure in lateral occipital protuberances. Pressure, tension, <at inferior lateral protuberances. Pressing, boring, drawing in muscles of neck, on different parts of occiput, <right side. Sensation in neck, extending towards occipital protuberance, as if a heavy weight lay there transversely.

Useful in rheumatic and neuralgic patients. Motion aggravates, but firm pressure often relieves. The glucoside ought to be remembered in spinal irritation, with the occipital pains, for it causes pain and heat along spine, etc.

Comocladia. Violent pain from posterior of right eye to occipital protuberance; eyeball sore, profuse lachrymation, eye feels as large as two. Sharp pain in occiput down the neck. Aching in right temporal bone, thence to occiput; whole base of head painful on moving head.

Conium. Heavy sensation, <sitting bent, > when erect. Fullness and confusion. Pressure on left side of occiput; or in right side like a plug. *Pain at every pulse as if pierced with a knife. Tearing while walking. Tearing in occiput, nape, and especially orbits, with constant nausea so that must lie in bed. Pressure in forehead, then heaviness; later, same in occiput. Headache from forehead to occiput, as if something were loose on shaking head.

Copaiva. Dull pain. Lancinating pressure in occipital protuberance. Pulsating, deep-seated stitches. Stitches in left occipital protuberance, with occasional shocks in whole head.

Crotalus horridus. Sudden vertigo; nearly falls off of chair; full, congested feeling in front of brain; aching over left eye, with sharp pain in small spot in centre of left occiput. Cerebellum, post mortem, found injected. Pain as from a blow, <lying down again after rising.

Croton tiglium. Confusion of left or whole of occiput. Pressive headache. Sticking pain between nape and occiput.

Cuprum arsenicosum. Dull, heavy aching back of head. Dull soreness in right occipital bone, <pressure.

Digitalinum. Confused, <forehead with pulsating pain in occiput, >walking in open air. Confusion in occiput. Dull pain. Violent boring in left side of occiput. Drawing, as if occiput and vertex were rising; afterward pressure in occiput.

Digitalis. Violent pressure in left half of occiput. Sensation of pressure in occiput, right to left; from occiput to vertex, confusion and incipient vertigo. Violent sticking pain, <occiput and vertex, less the forehead.

Dioscorea. Severe pain, > pressure. Sharp, twisting pain, > rubbing. Pulling pain, causing stupid sensation. Dull pain. Severe pain in back of neck to back of head and both shoulders.

Dirca palustris. Pain in head low in occiput, thence up over top of head to forehead, there a strong congestive headache with throbbing of carotids. Pains all through head,

vertex and occiput extending down into spine. Headache in left half of head, throbs and beats, <coughing or moving <touching back of head, >when hair was down or high on head.

Dulcamara. Whole head heavy as if scalp were tense <in nape, where it becomes a crawling. Occiput heavy. Occiput feels enlarged. Pressive, stupefying pain in occiput, rising from nape. Slow sticking as from a needle drawn in and out.

Elaps. Pain seems in right side of cerebellum. Pressive pain in nape as if from sinking down of the cerebellum.

Equisetum. Slight boring changing from side to side in occipital region. Dull drawing back of head and neck. Very sharp and quick pains near left superior curved line of occipital bone. Pains change from frontal to occipital region and dart from left to right there.

Eryngium aquaticum. Dull dragging pain in occiput, neck and shoulders. Pain extends forward into eye with blurring, <exercise or least excitement.

This drug causes a headache that is worse in frontal region, < over left eye, <thinking intently, lowering head, etc. Sitting stooped it passes into neck and along muscles of shoulder. Dimness of sight is a valuable accompaniment. The eyes burn and are congested, with purulent fluid profuse discharge. The symptoms are very suggestive of headache of optic origin.

Eriodyction. Aching in base of cranium. Sense of outward pressure on all sides of head, <at cerebellum upwards. Pressure outward, <back of head. Intense, dull, heavy, pain in back of head and over eyes. Burning pain.

In asthmatic colds, with supra-orbital and occipital headache, this herb will prove very serviceable.

Eupatorium perfoliatum. Pain from forehead to left occiput, <left side.

Eupatorium purpureum. Hard thumping pain in occipital bone.

Euphorbium. Pressive pain. Bruised pain, left side, cannot lie on it.

Euphrasia. Sharp tearing stitches left side of occiput.

Eupion. Clawing in left side of occiput; sticking, drawing in occiput, drawing along left cervical muscles to back of chest, also in middle of chest with every breath; when these are gone, teeth as if loose when pressed. Stitches right side of occiput.

Fagopyrum. Back of head tired. Pain in occiput and weary feeling in back of neck. Sharp, sticking pain. Sharp darting, very persistent pain left occipital region radiating to left side. Pain in temples and back of head on rising, >bending head back, <stooping. Pain through whole head and occiput to back of neck, >pressure and gentle motion, especially in cool air. Pressing out, <in occiput. Pressure in head and dull pain in occiput. Dull pain from back of eyes through head and occiput.

Headache to occiput, dull pain in eyes, with aching, tired, neck, ought to be characteristic.

Ferrum. *Drawing from nape up into head, in which there is then shooting, roaring and humming. Oppressive, somewhat acute pain in back of head and neck, gradually extending to forehead. Weight from ear to ear. Beating, almost insupportable, pain in back of head and neck, gradually extending to sides and forehead <<moving or stooping. *Pain in back of head when coughing.

Excellent in congestive headache with hammering, beating, must lie down. It is usually <in temples, but as with phosphorus, etc., it may seemingly come up the neck, commencing with drawing, etc. Often the feet are cold, the fingers stiff, and the mind confused.

Fluoric acid. Feeling of a warm breath from nape to occiput. Pressure on both sides of occiput. Pressure and compression, <towards right. Dullness of occiput only. Cramp-like pain in lowest part of occiput towards left.

Gelsemium. *Dull aching in occiput occasionally extending into os frontis. Aching < stooping. Dull heavy

pain, on rising, also slight throbbing on right side of head. Pressive pain < temples, at times in occiput, at others all over head. When writing headache in vertex, then in left occipital region, then both sides and in upper cervical region and again on vertex; finally settled, dull ache < in occiput, mastoid and upper cervical region, extending to shoulders, > sitting, reclining head on high pillow. Drawing on right side, on crown towards occiput. Pains over top of head to occiput, dizzy, disagreeable painful sensation in whole head. Pain over occiput, crown as if lifted off in two pieces. Persistent and distressing numbness in occipital region lasting some hours after consciousness returned.

Very important are all of these. First is the headache beginning in the cervical spinal vertebræ and extending over head, with bursting pain in forehead and eyeballs, <ten A. M., with nausea, vomit, cold sweat, etc. Next, is the fullness to bursting in the medulla oblongata before spasms. Then we note vertigo and confusion spreading from occiput, with dim sight, large pupils, etc., <from summer heat. Then come the various neuralgic pains showing the action of the drug on the occipital nerves.

Geranium maculatum. Slight pain low down in occipital region.

Ginseng. Dizzy, with pains in nape; large pupils. Reeling sensation in the occiput, gray spots before eyes. Ground seems to waver. Sensation in occiput as if head was swaying to one side. Drawing, he involuntarily bends head backward. Pressure, with sense of impending vertigo. Pressure as if in sinuses of cerebellum. Sudden blow on occiput, followed by severe bruised pain.

This famous Chinese nerve remedy seems to be worthy of our consideration in vertigo of occipital origin, with consequent inco-ordination. Right side of body is weakest. Gait is unsteady and difficult; and generally there is dull rumbling in abdomen.

Glonoine. Affects occiput and neck more than any other part. Subdued sensation as if something was moving in nerves

from back of neck to head. Pain up from back of neck to occiput, and then spreads upward. Pain in occiput, then in vertex. Pain in occiput towards crown, <shaking head sideways, only slightly <shaking head backward and forward. Pains in occiput and slight in forehead when moving head. After fullness in occiput, pain to forehead growing more violent. *Severe pain in occiput, to eyes and temples. On shaking head great pain in spot in right side of occiput (where he habitually suffered from headache). Thumping fullness in occiput, when sitting down, <after shaking head. *Such intense congestion in occiput, like pressure, seems as if must lose reason. Violent tensive pain in occiput, up and down, and towards both ears; also from time to time, tension above right eye. Constant gnawing. Pressure from occiput to crown. Sore pain, constant inclination to bend head backward. Dull pressive pain, <in occiput and region of ears, same in nape, as if in medulla oblongata, <moving head or twisting neck, neck stiff. Headache in glabella, spread up and back, at last to occiput; throbbing from below up and from front back. Paroxysms of beating and throbbing in vertex, temples and occiput.

Characteristic of this remedy are: upward surging, as if blood was forcing itself through the constricted neck; this congestion is as marked in the area of the vertebral arteries as in that of the carotids. Shaking the head aggravates intensely, as do also wine, sun's heat, and artificial heat. Motion increases the dreadful throbbing, though gentle exercise in the open air, relieves. The throbbing from the neck and occiput upward in and over head, is very characteristic. Glonoine, then, as an "occipital" remedy, is to be remembered as one causing congestion there, spreading the blood thence directly to the back of the brain. Here it excels belladonna. Like aconite and gelsemium, it has increase of urine with the headache.

Glonoine should be thought of in apoplectic congestion, when stiff neck and a feeling *worse at the back of the neck*, as

if clothing were tight, shows the direction of the hyperæmia. This is a genuine symptom.

In the effects of exposure to the sun, glonoine is inimitable; though if there is pulsation and constriction in cerebellum, camphor is needed; if anxiety, fever, or coldness and weak quick pulse, aconite.

Graphites. Violent, but dull pain in occiput, with heaviness of head, tension, stiffness of neck; pain intolerable on walking, not noticed lying, >in night. Pressive headache in occiput. Much pressure in occiput and nape. Severe tensive headache on waking, < on surface of brain, <<in occiput, without impeding thought; neck painfully stiff; the more he tries to fall asleep, the worse the pain. *Pain, as if constricted, especially in occiput, extending to nape, which pains as if broken when he looks up; afterwards pain extends down back to chest. °Pain as if constricted with a cord, <in occiput.

In fat, but anæmic patients, who suffer from spinal irritation, especially in women, graphite is very useful for a nervous headache *with stiff neck*, *spine sensitive*, *<at vertebra prominens*, tension on nape, shoulders and head.

Guarea. Constriction, hammering, in occiput.

Guaiacum. Dull pressive pain obliquely upward from left side of neck to vertex, ending in a stitch. Tearing right side of occiput. Drawing, tearing, in occiput and forehead.

Hamamelis. Dull throbbing pain in back and top of head.

Helleborus niger. *Pain in occiput. Headache from nape to vertex. Pressure. Pressive pain extending towards nape, as if bruised in occiput, <stooping. Violent pressive headache, with great heaviness, <in occiput, on waking. Brain feels too large in front and occiput empty; afterwards reverse in forehead, occiput feels as if would fall forward; wants to lie down and roll head from side to side; feels helpless as an infant, etc.

Helonias. When reading, feeling of fullness, pressure outwards in vertex and occiput; scalp burns, >>concentrating mind.

Hepar. *Pressive pain externally right of occiput, gradually extending to nape, throat and shoulder blades. Severe stitches in occiput and temples, as if a plug or nail was being driven in. Pulse-like stitches in lower portion of occiput.

Hura. Headache from occiput to vertex, with throbbing and sharp pains. Constriction. Pain behind head and in neck, to left gums.

Hydrastis. Dull, heavy, pain in left occiput, with pale face, much heat in head and pressing from within out in region of temporal fossa, >pressure of cool hand and cool, open air. Aching pain in cerebellum right, then left.

Hydrocotyle. Intense pain with some tumefaction in posterior portion of skull. Constriction. Occiput acutely sensitive, especially to touch.

Hydrocyanic acid. Violent pressure in occiput and forehead, <right side; pressure soon leaves, *but confusion lasts.* Pressure from vertex towards forehead on both sides and to orbits where it became fixed, while from occiput it extended down nape of neck; it caused *confusion* of head. Sudden feeling as though everything about him moved slowly; dizzy without reeling; slight pressure left side of occiput over left half of head to frontal region.

Confusion, weakening of pulse, are valuable accompaniments of this powerful agent. (See Laurocerasus below.)

Hydrophobinum. Throbbing headache in forehead, vertex and occiput, down to the neck.

Hypericum. Pressive pain on motion; also with drawing stitches. Tearing. Back of head feels "bothered." Severe scalp headache left side of occiput. Shoot of dull pain up left occipital nerve. After breakfast severe scalp headache on left side of occiput sharp, at other times dull.

Ignatia. Pain in occiput just above mastoid process at times involving the auditory apparatus, then hearing seems blunted. Pressure and pressive pain in occiput, right half, till he falls asleep. Pain as if occipital bone was pressed inwards. Head heavy as if filled with blood, as after stooping too low,

with tearing pains in occiput >lying on back, <sitting erect, >>bending head low forward while sitting. Vertigo changing to pain in right half of occiput. Confusion of head. Pains in right side, <in occiput, <thinking and also speaking.

It is not locality so much as universal effects that distinguishes ignatia.

Indigo. Painful raging in bones of left side of occiput. Dull headache like a heaviness in occiput. Warmth and rushing like boiling water. Heat in occiput, afterwards <in middle of brain. Pain in left side of occiput, lancinating, shooting through head to occiput. Violent stitches. Throbbing, with painful stitches in occiput.

Ipecacuanha. Painfulness of occiput and nape from moving head. Tensive, pressive headache in occiput and nape, extending into shoulders.

Iris versicolor. Pain shoots like an electric shock, from right temple to left side of occiput; depression of spirits, debility. Slight dull pain at situation of posterior fontanelle. Severe stitch in inferior of occiput.

Jaborandi. Aching in lower part of occiput. Dull pain in lower part of occiput over left side of head to forehead; weak; palpitation of heart, stitches in chest.

Kali bichromicum. After nasal discharge ceases, pain from occiput to forehead. Pressive headache, <forehead and occiput, waking in morning. Pressive headache with transient violent stitches now in vertex, now in temples or occiput. Tearing sticking over whole head, <in right temporal and occipital regions. On waking A. M., pain in forehead and vertex, after rising changes to occiput. Violent tearing from temporal region to occipital of either side. Sticking in right side of head and whole occipital region. Pressure. Biting.

Kali carbonicum. Heaviness, like confusion; or like lead, head falls backward, with stiffness of nape extending to between shoulder-blades. Aching and heaviness, <swallowing. Pressure and burning low down in occiput, heaviness of head even to falling. Violent pressure in occiput with rush of

blood in head and feeling of heaviness, while standing. Stitches from nape to occiput. Stitches in occiput on stepping or stooping, as if on surface of brain. Tearing now in right, now in left side of occiput and now in forehead. Throbbing, tearing in right side of occiput close to nape. On stooping, sensation as if something was sinking from occiput towards forehead.

In anæmic patients, who suffer from headache with stiff neck and spinal irritation, kali carb. is very useful.

Kali chloricum. Confusion in occiput with peculiar sensation in muscles of nape. Pain in occiput extending into both jaws.

Kali cyanatum. Slight, dull pain in back of head just before going to sleep. Head drawn backwards.

Kali iodatum. Pressive heaviness. Tension as if in bone, with stitches.

Kali nitricum. Violent compression, everything stiff, afterwards pain in nape like pulling on hairs, extending into shoulders, with tension and stitches over face and neck, impairment of swallowing, anxiety, arrest of breathing from eleven A. M. to four P. M. Headache in occiput > binding up hair. Drawing, tearing, could not move head, neck stiff; two hours afterwards, drawing and tearing in scapulæ, weakness, can scarcely lift feet. Pressure, heaviness. Pressive pain towards occiput, gradually changes into stitches < by touch, seem like rhythmical sticking. Violent pressive pain, mingled with beating in occiput. Violent stitch in left side of occiput during menses. Burning, throbbing on left side of occiput. Jerking as if in bone; later in hip-bone also; and at last alternate with tension behind right ear. A certain coldness in occiput always with the pains in the head. Pain right side of forehead, suddenly, walking; soon towards top of head and thence into occiput and both temples; seemingly in scalp, painful pulsation in occiput and temples, skin of forehead feels bruised.

Kalmia. Pain in back of head and neck. Dull pain around back part of head, frequent sharp, darting in right

side of head. Headache in occiput and pain in neck. Dull in occiput and temples. Shooting from nape up into head. Dull headache one place and another, <in back of head, and especially those parts back of forehead. Pains shoot from temples to occiput.

In rheumatic patients, the shooting upward is important.

Kreosotum. Whole occiput full, heavy, feels as if he would fail backward. Pain as from suppuration below left side of occipital bone.

Lachesis. *Heavy as lead; morning, waking, with vertigo. Tensive pain in right side of occiput extends to orbits and down into nasal bones. Rush of blood to head on stooping, with headache on right side, extending towards occiput.

Lactic acid. Pain at base of occiput and over eyes. Slight pain from occiput to vertex, with rough and constricted throat. Dull, weighty pain in occiput; on lying down, pain left and went to forehead, tendency to close eyes; later, pain back to occiput, the eyes still heavy; on again lying pain went to forehead. Severe headache in left mastoid, extending obliquely across by way of occiput to over the right ear. Light darting pains from centre of brain in straight lines to centre of occipital protuberance, <motion.

Lactuca virosa. Heaviness. Pressure. Dull pain. Pressive, tense feeling, with heat in forehead and cold hands. Compressive pain. Pressive, heavy feeling.

This pressive, tense feeling is very important. It is a similar tightness in the chest that makes lactuca so invaluable in dyspnœa of spasmodic origin.

Lamium album. Pain in occiput as if lying on a stone, and as if bed was too hard when lying on either side.

Laurocerasus. As if tendons too short and head would be drawn backward, like painful heaviness with cessation of pain in forehead. Feeling of tension in right side of occiput as from taking hold of a lock of hair. Drawing deep in right side of occiput. Twinging pain, with sleepiness. Painful pressure on left side of occiput to neck. Painful pressure from

within outward, beneath left side of occipital bone; thought vanishes. Transient stitches in occiput or forehead. Throbbing in left side. Headache alternately in forehead and occiput, pressive; pulse diminished. (See Hydrocyanic acid.)

Lilium superbum. Pain in right occipital protuberance.

Lilium tigrinum. Headache in occiput and over eyes. Screwing pain in left occipital protuberance, with drawing pain on left side of nucha. Dull pressing-aching from left temple, over ear to occiput, in paroxysms, with steady, dull frontal headache, <over left eye. Dull heavy, pressive pain from forehead and temples to occipital protuberances.

Lobelia inflata. Dull feeling. Tension in occiput, in region of lambdoidal suture, only when paying strict attention to anything. Pressure, >after removing head covering. Pressive pain in occiput in open air.

Lycopersicum esculentum. Boring in left of occiput.

Lycopodium. Heaviness. Dull heavy feeling in occiput, with confused pain in forehead, <motion. Burning pain in both occipital eminences. Pain as if scalp was inflamed. Occiput fills with blood after he stoops. Pinching pain in head behind ear. Pressure in right half of occiput, extending towards ear. Pressive pain. Sticking pain. Sticking and throbbing at night. Stitches at times in occiput, with almost excessively joyous mood. Constant stitches with slow pulse. Tearing. Pressive tearing left side occiput, in small spot near nape. Throbbing and pressure. Violent shock from back up towards vertex, obliged to hold on to head, while sitting (after eating to satiety). Nausea affects head, which pains as if compressed and confused as far as nape. Fine stiches in both temples and in occiput. Sticking, pressive headache, <in occiput. Stitches in vertex and occiput. Jerking headache from occiput to vertex. Violent throbbing in forehead, afterwards tensive, and extending across occiput to nape. Drawing pain in right side of head to nape. *Tensive pain in nape and occiput while writing.

Lycopus. Pain from cerebellum transferred to temples, more acute. Congestive pain in occiput without mitigation of

temporal aching. Severe aching, with cessation of cardiac pain. Aching at superior curved line, one inch to left of occipital protuberance, passing to corresponding spot on right side. Distressed feeling in cerebellum. Pain of temples transferred to cerebellum, seemingly congestive. Fronto-occipital headache, with toothache; or succeeded by labored cardiac action. Frontal headache, extending afterward through to occiput, succeeded by cardiac depression. Frontal, then occipital aching and subacute pain in fifth right interspace, each quickly abating, succeeded by return of aching pain in temples.

Suggestive of fronto-occipital pains with cardiac labored action or with the depression.

Magnesia carbonica. Deep dull stitch through brain from vertex to right side of occiput. Heaviness in forehead with pain as from suppuration in left side of occiput. Tearing in forehead and drawing backwards in nape, disappearing in bed. Fine stitches in right side of vertex, cease there and on her moving her head toward left, tearing in right side of occiput. Tension and drawing in occiput as if head would be drawn backward during and after swallowing; <standing, >sitting. Violent stitches.

Magnesia muriatica. Sharp stitches in left side of head and in occiput. Much pressure, also sharp and pinching <on vertex and in occiput. Heaviness; also with dizzy feeling as if in danger of falling. Pressure. Sharp stitch in right side of occiput, then burning there. Two sharp stitches in right occipital protuberance. Tearing—also throbbing tearing—from occiput to vertex. Tearing and throbbing in occiput, at last involves whole head, after entering the house; >>sitting. Painful jerking, tearing in right side of occiput. On rising from stooping, throbbing in occiput, soon involving whole head. During menses, throbbing pain in occiput, with feeling of heavinss, morning, after rising.

Magnesia sulphurica. Pressive pain, morning, >>in open air. Must lie down with pressive pain in occiput from both

sides. Occiput very sensitive; on stooping, feels in forehead as if something would fall forward; pain <lying, he dared not cough on account of the shock. Headache in occiput renewed by carrying heavy weight on shoulders.

All excellent in neuralgic cases.

Mancinella. Hammering pain in head and nape, inability to bend head down when writing. Pain in nape and forehead when stooping.

Manganum. Dull, pressive headache, with feeling of emptiness, taking away his senses, >applying hand. Beating, throbbing in right side of occiput, like suppuration, during rest and motion. Needle stitches externally on right side of occipital bone, morning in bed, thence down to fifth cervical vertebra, <turning neck. Drawing pain in occiput, orbits and forehead, where it is <stooping, >>on pressure with hand. Burning, pressive pain in sides of head and in occiput, >going into open air.

Manganum muriaticum. Tearing in right side of occipital bone.

Marum teucrium. Sticking in occiput and even in whole head. Painful pressive sensation in whole occiput.

Melilotus. On talking, headache leaves forehead and settles in occiput, returning to forehead on stopping.

The headaches are congestive, severe enough to cause delirium; nose bleed may relieve. The headache that affected the occiput was <in left supra-orbital region.

Menispermum. Headache through temples extending to occiput. Headache in temples and occiput.

Mephitis. Feeling of heaviness; dull pressure, <in occiput, as if pressed with a finger.

Mercurius corrosivus. Whirling vertigo, almost loss of hearing, <nine P. M., lying down, seldom in day, with tearing pains in occiput. Sudden, dull, aching in forehead and vertex <stooping or shaking head, >cold hand to forehead, extends to centre of cerebellum, when it felt like a bone-ache, five P. M., feels rather low-spirited; suddenly leaves.

Mercurius iodatus flavus. Numbness of occiput and nape; stiff neck. Sharp pain in occiput after rising in morning.

Mercurius iodatus ruber. Dull pressure in cerebellum below the occipital protuberance, a while after pressure over eyes. Pains in bones of head, <occiput.

Mercurius precipitatus ruber. °Leaden heaviness in occiput with diarrhœa.

Mercurius solubilis. Constrictive headache, as if screwed in, now in sinciput, now in occiput, now in left side, with watering of the eyes. Violent tearing from occiput to forehead, where it is a pressure. Pressive. Boring. Tearing, lower portion.

Mercurius vivus. Frontal headache, with fullness, soon passing to occiput, with vertigo.

In syphilitic, rheumatic or scrofulous patients, the mercuries suit for a tearing headache, that arises from the periosteum, the bones, or the nerves. General symptoms must be present; but the proto iodide will cure if the tongue is coated thick yellow on base; the red precipitate, if there is present leaden heaviness; the corrosive sublimate in bone pains, scalp very sore; the bin-iodide, when there is also hot vertex.

Clinical for solubilis is tearing in (left) side of head and temple, extending from neck, insupportable heat and sweat; <at night and in heat of bed, >towards morning and while lying quiet.

Mezereum. Heavy sensation. *Boring in occipital bones. Acute drawing right side of occiput. Pressive pain, <entering house; also occiput and nape < moving head. Tearing back and forth in bones of occiput. Tearing, throbbing in one spot above nape. Stupefaction in sinciput and occiput.

In periosteal and bone pains, especially after mercury.

Millefolium. Transient drawing after eating. Sticking in left side of occiput. Painful stitch in right side of occiput. Dull headache <in occiput.

Mitchella repens. Dull, heavy aching in cerebellum. Throbbing in occipital region on inside of skull. Whole brain feels dull < the cerebellum, morning.

Moschus. Pressive painful sensation in cerebellum. Throbbing, beating in occiput. Headache as of something beating in occiput, thence speading to forehead. Painful drawing in head from occiput to ears and from ears into teeth <right side. Pressive and boring through whole head at one time, at another behind ears, at another in forehead, at another in vertex and then in occiput. Slight pain in forehead alternating with pain in occiput.

Murex. Pain. Tightness, involuntarily raises her hand to part affected, when tightness goes from left to right; bending head backwards seems to relax nerves of occiput and neck. Sharp, transient pains above cerebellum.

Suggestive of uterine and kindred affections and so probably of use only when accompanied by the depression, acute diagonal pain from the right side of the uterus to the left breast, profuse menses, etc.

Muriatic acid. Heavy sensation, with drawing stitches extending towards nape; cervical glands swollen and painful to touch; head heavy, dizzy, eyes dim. Heavy as if head would sink backwards as if from weak cervical muscles. Pain in left occipital protuberance from walking in wind. Tension, sticking. Violent tearing and sticking. Shock like paroxysmal tearing in side of occiput, extending into forehead. Pressive, tensive headache from occipital bone through brain to forehead.

This acid acts on the occiput in the highest degree. Especially characteristic is the heaviness with obscure sight, said to be worse by any effort to see.

Myrica cerifera. Heaviness in back of head. Pain, right side.

Nabalus. Occipital pains, probably muscular, with pain and feeling of stiffness in nucha and in trapezoid regions, <turning head.

Naja tripudians. Dull shoots up the occiput.

Fronto-temporal headaches are characteristic of this remedy; but the prover who experienced the above occipital

pains, also had tired feeling in cervical and dorsal vertebræ with the peculiar burning of exhaustion. The two, then, may belong to spinal irritation.

Natrum arsenicatum. Feeling of pressure over each side of posterior inferior part of occiput as from a photographer's head-rest.

Natrum carbonicum. Painful sense of emptiness in occiput, with weakness and hoarseness of voice. Pain from occiput to vertex. Tension. Dull pain. Drawing and tension in right side of occiput as if would draw head back. Long continued pressure in right side of occiput. Dull pressure; also from occiput to nape with drawing pain, at last extending to forehead, with vertigo, eructations and dim vision. Headache at noon, <low down in occiput. Headache and tension in nape before menses.

Natrum muriaticum. Head dull, with throbbing in occiput. Heaviness and pressure. Heaviness in occiput, with pulsation and stiffness in nape, a feeling of constriction in occiput behind ear, with stitches in head. Pressure; also in nape. *Stitches as with knives in the occiput. Transient stitch from nape into occiput. Throbbing. Lying on back, feels drawing from forehead to occiput, feels almost as if losing her senses. Sticking, from forehead to occiput, taking away appetite. Stitches between right occipital protuberance and styloid process.

Natrum sulfuratum. Wandering pains in occiput and head, afterwards in zygomata. Boring pain. Drawing and pressive pain in occiput with feeling of heat and heaviness in it. Pressive or squeezing pain in whole occiput. Pressing from both sides of occiput followed by quiet night; in morning returned, and then extended all over right side of face. Tearing and pressure in right side of occiput. Tearing in occiput, soon afterwards in forehead.

Clinical for *natrum mur.* is heaviness in back of head, it draws eyes together; <morning, warmth, motion; >sitting, lying, or perspiring.

Niccolum. Heaviness. Painful boring and gnawing < left side. Feeling of fullness and heaviness in head, feels as if cut to pieces, on stooping; in occiput sensation as if beaten and sore, and a stupefied feeling in head generally.

Nitri dulcis spiritus. Heat. Pressure. Heaviness with heat.

Nitric acid. Violent sticking pain in right side of head and in occiput, even sore to touch. Transient headache in occiput after slight exertion, especially in thinking. Pressive bruised pain. Pain like that from mercury. Stitches in both occipital protuberances, to lower jaw. Violent stitches in left side of occiput during breakfast, so head is drawn back and respiration impeded. Violent stitches suddenly in right side of occiput evening; afterwards another kind of violent headache, both >> on going to sleep. Throbbing.

Neuralgia, periosteal and bone pains, mercurial or syphilitic, need this acid; especially when in addition to above there are: sensitiveness to rattling of wagons, to touch or to pressure of hat. Bones of skull feeling constricted by a tape.

Nitro-muriatic acid. On arising, seven A. M., feels as if brain was all in occiput, making it feel heavy; food slow in digesting.

To be remembered in dyspepsia.

Nitrogenium oxygenatum. Headache and aching along spine, as if they were asleep. Numb feeling in head and all over, followed by semi-consciousness; she falls backwards; open air postpones spells.

An observation I made several years ago. I think the drug should be tried in hysterical fainting and perhaps in *le petit mal.*

Nux moschata. Pressure between vertex and occiput. Pressure in left side of occiput towards nape. Pressure in right side of head, in part above ear, in part at right angle of occiput as from pressure inward on bone.

Nux vomica. *Aching pain in occiput, morning, just after rising. Headache in occiput at time of menses as from

an ulcer in brain and as if suppurating; <lying down. Drawing posteriorly as if chilly. Pressure in occiput outward from both sides as if skull there was forced asunder, with heat in brain, >momentarily by pressure of hands. *Violent jerking or dull stitches in left hemisphere of brain from orbits towards parietal bone and occiput, soon after eating. *Drawing pain, first in temples, then in forehead, then in occiput. Pain in occiput as if brain was knocked forwards.

Clinically: °Intense occipital headache; dizzy; pains in eyes; stomach deranged. °Sensation as from a bruise in back part of head.

Characteristic are the starred symptoms; and also: sensation as if skull would burst. The integuments are intensely sore as if bruised. Hair on occiput seems painful.

Oleander. Sharp pressive pain externally in left side of occiput. Dull pressure in a small spot in occiput. Tensive stitch in occipital bone.

Oleum animale. Pressure from vertex towards occiput. Tearing and sticking in upper part of right side of head, leaves and goes to right side of occiput. Tension of occipital muscles. Blood seems to rush into occiput on going into house. Pressure from occiput forward, one hour after dinner. Pressure in left side of occiput, must hold head forward, continues even on moving head, lasting from one hour after dinner till six P. M. Gnawing pain in occipital region less on left side. Boring pain in small spot on left side of occiput. Sharp stitches.

Opium. Occiput feels like lead, head falls backward. Dullness and confusion becoming pressive sensation extending forward over orbit and backward to nape. Pressive, at times, throbbing headache from behind forward along median line. Pain, pressing outward in right frontal eminence, preventing writing; later felt in occiput; >>rubbing with hand and pressure. Very painful headache, involving occiput.

Occipital pains, etc., are not very distinctive of opium and its alkaloids.

Osmium. Fullness and aching at upper and back of head, <throwing head back (second day). Occipital headache continued (sixth day).

Oxalic acid. Cutting from right side of forehead, behind ear, down to insertion of sterno-mastoid. Pain along base of occipital bone. Pain pressing invariably between vertex and occiput on a spot.

This pain in a "spot" is very characteristic; it is more often noticed in forehead.

Pæonia. Heaviness. Pressure. Pressive pain in occiput and nape.

Paris quadrifolia. Pressure. Intermittent drawing in muscles of right side of occiput. Tension in skin of forehead and occiput as if adherent. Meninges and brain feel tense, with tensive sensation in occiput as if skin was thicker and could not be wrinkled. Sensation as if dura mater were drawn tight, <in occiput.

Two conditions are characteristic: sensation as if head was very large, and, this tightly drawn feeling. Most marked is the latter through eye to mid-brain, but it also occurs in the occiput.

Petroleum. *Heaviness like lead. *Pressure and sticking pressure, morning. *Pinching. *Pulsation when lying upon it. Pressing, stinging, in cerebellum.

Clinically determined: ° Occipital headache, spasms, screaming; loss of appetite, constipation. °Pain from occiput over head to forehead and eyes; blindness, loses consciousness.

Throbbing and pulsating in occiput is most characteristic, indicating the remedy in many ailments.

Phellandrium. Distressing, intermitting pressure. Burning, constrictive sensation. Pressive dullness. Dull headache, <in occiput. Painful tearing. Slight burrowing in left occiput. Sharp stitches in right side of occiput. Sensation of heaviness as if head would be drawn backwards to nape. Hot orgasm from occiput to vertex and slight dull stitch left side of vertex, a quarter of an hour after dinner.

Headache "like a heavy weight on vertex, with aching and burning in temples and above eyes, pain in eyes, congested conjunctivæ," has yielded to this plant. Quite likely it will be useful when, as in the symptom, the heaviness weighs occiput-ward.

Phosphoric acid. Pinching, tearing pressure in occiput, <noise or least motion. Painful pressure outward in right side of occiput. Tearing in vertex and occiput. Pressure as if lying on something hard; as from hard body, >rubbing. Pressive pain in occiput in part extending forward, <pressure and turning head. Heaviness and pressing forward in occiput on bending forward, >>bending back. Headache in occiput, must lie down. Drawing in occipital bones. Bruised pain at insertion of cervical muscles. Digging boring right side of occiput. Hard pressure above left temple, to occiput; dread of motion.

Clinically: °Occipital headache and pain in nape from nerve exhaustion.

Phosphorus. Dull pain, fever and flushed face. Pain in back of head and left side of head. Heaviness in occiput and nape; also with pressive pain in occiput. Occiput and nape stiff and painful. Transient pressive pain, as if in bone in side of occiput. Sticking, then pressure, followed by throbbing in forehead. Stitches. Pulsation in occiput on rising. Throbbing in occiput and in vertex. Stitches, at times burning, in frontal region, in vertex, sides, extending into left side of occiput; sense as if pulled by hair. Neuralgic pain, ten A. M., from left temporal to occipital region. Heaviness to eyeballs as if head was drawn forward by a weight, face feels full as if too full of blood, as after intense study; with drawing in left side of occiput.

I have cured with this remedy, °rush of blood to head, seeming to come up the spine and thence into head. It suits long-standing congestions, with stinging in occiput and pulsations there and in whole head; <mental work, brain-fag, etc. It has also relieved °cold sensation in cerebellum; brain feels stiff.

Physostigma. Tired sensation in cerebellum. Shooting pains through right side of head down into back part of neck, <rising or walking. Severe pain in mastoids.

Phytolacca. Severe general headache, but <part of time in temples, with slight vertigo, and part of time <in occiput; <walking or riding. Dull, bruised pain. Pain in region of "combativeness."

Pimpinella. Rushing in head, <down back part with pressure, that is increased by the rushing. Pressing and pushing from temples to occiput and into nape. Headache, <in occiput and nape. Sensation of coldness in occiput as from sharp draft, in a closed room. Sensation of tension and pressive pain in occiput into nape. Constant dull, pressive pain. Pain <reading so that thought is difficult. Acute stitches in occiput, concentrated about protuberances. Tension and sticking in nape of neck and occiput.

Piper methysticum. Dullness, fullness and pressure in forehead, vertigo on elevating or moving head to either side; after dinner, pain shifted to lateral and occipital regions, and on lying increased, though not enough to constitute real pain; was apprehensive of pain by rapid movement but none followed, felt impelled to move cautiously, as if something there that would not admit of rapid movement. Front of head as if solid with pain, this gradually moves to base of brain and along medulla oblongata; >slight motion, <active motion; slight mental effort, passing from topic to topic relieves, though sustained effort increases pain; lying with head elevated resting bent forward on cushion, frontal pain better, occipital <, vessels of neck and base of brain full as if circulation had been cut off by a cord, back of head and cerebellum and neck felt congested to the brain and cord-centre, sore inside and tender outside to pressure; all these parts felt double or treble their size. After business anxieties, evening, pain along under forehead outward to sides, after retiring, passed to posterior of brain, medulla, etc., cerebellum, etc., as if compressed by an even pressure, especially from front to back, constric-

tion extended to chest and stomach, nervous system in high tension; >while moving.

The essential characteristic here seems to be that the pains are relieved by temporarily turning the mind to another, light, topic.

Picric acid. Dull pain in right side lower occipital region, comes and goes gradually; also with sensation as of a band along right parietal eminence. Dull, heavy, throbbing and burning pains occiput forward to supra-orbital foramen, thence to eyes, which throb and feel sore to touch. Pain in lower right occipital region as if cerebellum was loose, keeps throbbing, <walking, >sitting quiet. Heavy pain in occipital region down neck and spine. Fullness and heaviness of head, developing into intense throbbing pain in left side of head, < eyeball and forehead, extending back to occipital region; > keeping quiet, <motion, <<<going up stairs. Fullness and heaviness of head, disinclined to mental or physical work, becoming throbbing headache, <left eye and occipital region, <<<going up stairs, which causes intense throbbing pain in eyeball.

Zincum picricum. Dull, heavy, drawing, occipital headache. Periodic.

These two remedies are invaluable in serious cerebral and spinal affections. They cure headache from brain-fag; from sexual excesses; the latter, especially, relieves headache accompanying morbus Brightii.

Plantago major. Dull boring. Dull pain, passing off quickly. Headache morning, <back of head. Pain all around back of head, cannot rest head five minutes in one place. Dull stupefying pain in sinciput, finally extending to each side of occiput. While walking and driving in cool air, pain in left side of head from over left eye back toward occiput. Twinges now in right temple extending backward, then through occiput from ear to ear, then in other parts of head.

Both the major and the minor are good in neuralgia. The major is excellent when either ears or teeth are involved;

back head particularly with ear pains, caused by catching cold.

Plectranthus fruticosus. Drawing pain in right frontal eminence, returning on walking out of doors, <pressure of hand, afterwards it suddenly disappears and reappears as a drawing in occiput towards nape, >>here going into open air. Pressive pain, tension in occiput, nape and cervical muscles, across scapulæ and down arms. Pressive pain in occiput <lying on back, must often change position, four A. M. on waking, pain at 6:40 A. M. on waking extended to sinciput, eyebrows into upper lids, which are raised with difficulty. Drawing pain in occiput so bad in evening, disturbs work, must get up and walk about room, which affords transient relief. Drawing <out doors, >> in house.

Plumbum. Sense of heaviness in occiput, as if its weight was increased. Violent headache in occiput to ears and temples, dull, pressive commencing while asleep, often arose and walked about holding head until relieved. Headache in occiput extending to forehead. Dull pain in occiput from spine upwards. Pressure forward and feeling as if eyes would close from heaviness, >> on standing up. Violent stitches. Severe pain in head, especially in occiput.

Invaluable in chronic headaches, congestive with occipital heaviness; or, violent, agonizing from behind forward, >walking and pressure of hands.

Prunus spinosa. *Shooting like lightning through brain from right side of forehead coming out at occiput. Violent nervous pain left side of occiput takes away thought. Pressive pain outwards. Pressive sore pain in occiput forward into some of the teeth.

Crushing and sharp pain are very characteristic.

Psorinum. Like a cord tied firmly around skin <about occiput, which feels as if pressed outward. Pressing pain, right side of occiput as if strained.

Clinically: °Pain in occiput as if piece of wood was lying there.

Ptelea trifoliata. Headache in occiput, passing to frontal region over eyes. Heaviness in occiput with gloomy feeling in forehead. Headache seems more in cerebellum. Severe pains in forehead and occiput.

Pulsatilla nuttalliana. Hot, full, feeling in cerebellum.

Pulsatilla pratensis. Drawing headache above nape in morning. Pressive, tearing pain in left side of occiput, morning. Pressive pain in occiput, with frequent heat of body and constant sweat. Rhythmical throbbing in occiput. Tearing in left side of occiput. Stitches from occiput through ears; also <lying down, >>on rising. Violent pulsation in left side of occiput, externally.

Excellent in congestive occipital headaches, with throbbing, >pressure; pains of gastric origin or in conjunction with spinal congestion. I cured promptly with this drug: °Throbbing in occiput, in a patient who had chills suppressed by quinine.

Occipital headache into ears is similar to plantago.

Ranunculus bulbosus. Pain in occiput after slight chagrin, morning. Drawing sticking. Violent tearing in evening in left side of occiput as far as nape, afterwards along lower jaw from behind forward. Transitory (beating?) pain sitting, in left side of occiput, with general debility. Subdued, soft beats, not like pulsations, but at long intervals, left side of occiput. Violent tearing in right temple, preceded by vertigo in occiput when walking, as if would fall. On entering a room from open air, suddenly aching in temples and in nape, with vertigo apparently from deep in brain.

Ranunculus sceleratus. Dull pain in occiput, the whole head feeling painful externally. Pressing pain in both inferior tuberc. ossis capitis, >>when pressed upon.

The bulbosus affects the circulation in the occiput causing vertigo. Mental emotions, chagrin, cause pain in occiput, and also trembling of limbs. He has turns of weakness, seemingly from the head, feels as if senses would vanish. Vitality is lowered by this drug. It is useful, too, for inebriates.

Further, it is indicated in rheumatic patients, who are <in every change of temperature.

Raphanus. Dull pain in occiput, > throwing head back. Headache, evening <in occiput, head easily fatigued. Headache, morning, <occiput, when she presses hand on occiput pain becomes general, finger on middle of occiput, shudderings in back, chest, arms, loss of thought; as if a sheet of water was before eyes. Pain in occiput, an uneasiness or fatigue; drawing behind head and in neck. Gnawing followed by numbness. Violent headache in forehead and occiput, morning.

Ratanhia. Tearing from occiput up to vertex. Violent tearing in nape while walking, forward into forehead, heaviness in head.

Tension as if skin was tight here and there seems important.

Rheum. Pressive headache, then tearing, extending into occiput.

Rhododendron. Aching sore pain in right hemisphere and in cerebellum, sitting. Dull pain early in morning. Aching deep in right occiput, with paroxysmal drawing from below upwards. Dull pressure deep in occiput, evening. Pain in right side of occiput as if foreign body forced in. Contusive pain in small place on right side of occiput with alternate drawing in direction of ear.

Rhus radicans. Pain at right hemisphere of cerebellum after intellectual labor, 11:30 A. M.; same place and over right eye at eyebrow. Dull pain in forehead, temples and occiput, morning. Dull pain in right side of occiput, with constipation; also awaking, morning. Pressive pain in left side of occiput. *Pain in head and nape. *Pain in occiput and neck. Feeling of crowding upward at occiput. Pain in occiput on awaking. Semi-lateral pain at right side of occiput. Dull pain in occiput and neck, <bending head forward. Headache in occiput, with feeling of weakness in head and inability to exert much body or mind.

Rhus toxicodendron. On opening eyes after sleep sudden violent headache in forehead behind eyes as if brain was torn to pieces as after intoxication by brandy, <moving eyes, then in occiput as if cerebellum was bruised, with a pressing outward in temples. *Headache in occiput disappearing on bending backward. Single jerks in occiput. Drawing in occiput and temples with pressure in eyes, driving him from bed. Burning pain, at times in occiput, at times in forehead.

Rhus venenata. Tearing in right temple, from forehead up to left half of head, in bone; thence to left side of occiput and down nape. Throbbing and tearing from each temple back to occiput and down neck to shoulders, with flashes of heat. Jerk-like headache in occiput.

Clinically, rhus radicans leads the list, followed in importance by the toxicodendron. Rhus glabra also has cured occipital headache.

Clinical: °Rhus tox., terrible headaches from occiput forward, must move about continually, which relieves somewhat.

Rhus tox. cures occipital headaches after mind and body are worn out with hard work, in typhoid states, etc. But rhus radicans is more certain to relieve pains in this region, even, as has been shown by Drs. Korndœrfer and Middleton, in typhoid. The pains °commence in back of neck, muscles are sore to touch, they spread up and over entire head or remain in the occiput. In rheumatic cases, particularly, the pains are worse in rest and cold, and are better in warmth and from motion.

Closely allied is juglans cathartica proved and confirmed by Dr. Jacob Jeanes: *Terrible pains in the occipital region. A single dose is all that is usually needed to effect relief.

Rumex crispus. Dull aching pain low in occiput, which comes and goes. Pungent tingling pain in left side of occiput; headache in forehead; similar pain in left nostril and feeling as if coryza would ensue. Headache until he sleeps, returning on waking, <in temples; is felt in occiput.

Ruta graveolens. Pressure. Heaviness and tension. Beating, pressive pain.

Sabadilla. Pressure in occiput from behind forward, reeling sensation. Headache as if something was thrust from upper part of occiput through brain to forehead. Pain in left side of occiput as if a wound was violently pressed. Headache as if a thread had been drawn from middle of forehead to occiput above temples, leaving burning sensation. Hard pressure from both temples towards vertex and thence to lowest part of occiput.

The reeling sensation and the thread-like feeling are the characteristics. Croton tiglium has something similar: °feeling as of a string pulling from eyes to back of head.

Sabina. Heaviness of occiput and nape down to small of back. Pressing heaviness in occiput, painful > by strong pressure upon hard cushion. As if sharp wind penetrated the left side of occiput. Pressive-tearing pain externally in left side of occipital bone in a curve, as far as left side of frontal, <when touched. Tearing in whole of right hemisphere from occiput to forehead. Drawing first in forehead, afterwards in occiput.

Sambucus nigra. Tearing stitch through left of occiput, with dull sensation in same place.

Sanguinaria. Moderate pain in back of head and neck, gradually down to renal region, where it is very severe, dull, heavy.

Clinical: °The sick headache begins in the occiput and spreads over the head, <over right eye.

Saponinum. Dull heavy sensation in head, <over left eye, eyeball aches and feels sore; spreads thence running back to occiput, great heat in frontal region, >by cold and by pressure, <stooping.

Sarsaparilla. Stinging pain in left side of occiput. Twitching in left side of occiput. Pressing in forehead and occiput. Strong pressure in right temple, with drawing stitches from occiput to forehead.

Clinical: °Pains from occiput, darting forward to eyes—a clear deduction from the symptoms. Dr. Neidhard has confirmed this. It compares with spigelia, puls. and sep.

Secale cornutum. Dull headache in occiput. Severe pain. Pressive pain. Lightning like pain in occiput down nape.

Selenium. Great heaviness, at times waving in brain, fluttering in ears, twitching and pressure in eyeballs. Pressure in occiput and vertigo on standing. Drawing in occiput, with ringing in ears and stoppage.

Senecio aureus. Giddy, like a wave from occiput to sinciput. Suddenly dizzy while walking in street, feeling like a wave from occiput to sinciput.

Senega. Pain in occiput afterwards to temples and finally affecting whole head. Aching, stupefying pains in occiput. *Aching in head, in sinciput and occiput; <sitting in warm room; accompanied with pressure in eyes, which will not bear touch; comes daily.

Interesting, this last, in connection with the well known eye symptoms.

Sepia. Stitching pain in head, coming up the back at every step. *Occasionally darting pains from left eye over side of head towards occiput, >after meals, <mental labor. *Drawing pain external on forehead back to occiput. Severe pain, head like a soft bladder, intensely hot and covered with wheals, involved the occiput, nearly raving, loathing of life. Stitches in left side of head afternoon, and in occiput in evening. Heaviness, <morning. Dullness of left side of occiput. Awoke with dull feeling in back of head, down spine, passed off an hour after rising. Headache comes on with heat and gets better with it, but does not leave; it is as if occiput was opening and shutting, >by cold water and open air, <bending head down. Pressive pain as if on something sore. Drawing pain, when touched feels like subcutaneous ulceration. Tearing. Pains run down back of head. Pain in occiput <at night and when lying on it, as if hollow and ulcerated, >pressure with hand. Severe stitches extending towards vertex.

Clinical: °Pulsating headache in cerebellum, beginning in morning, lasting till noon or evening; <least motion, when

turning eyes, when lying on back; >lying on side, when closing eyes, at rest and in dark.

Serpentaria. Pain in frontal region and in right side of occiput. Sticking in forehead extending to base of brain.

Silicea. *Pressive pain in occiput, >warm wrapping of head. *Pressure soon followed by stitches in forehead, with chilliness in nape and back. Tearing in right side of head from occiput upward and forward. Tearing in right temple, after half an hour, in occiput. *Tearing in whole head from occipital protuberances forward and upward over both sides of head. *Headache as if from neck rising up to vertex. Pains alternating in different parts of head, for an hour in sinciput, then in whole head, tearing in right temple also in occiput, later in left temple. Cold kind of headache from nape to vertex. *Attacks of vertigo seem to rise painfully from back through nape to head; inclined to fall forward; knows not where she is.

Two symptoms are markedly characteristic: the direction of the vertigo and of the headache, and the relief from wrapping the head warmly. Useful for over-worked brains, for nervous persons, who are made worse by even normal and ordinary stimulation of functions.

Spigelia. Occiput heavy, drags like a weight. Pain as from a blow. As though an artery was beating against an obstacle. Cannot lie on occiput, it is painful; painful as if ulcerated, with, at times, dull sticking, jerking, penetrating deeply. Violent pains in occiput and nape, three or four A. M., seems stiff, in morning could not move head till after he was up and dressed. Boring in occiput and vertex, as if drawing head back. *Burrowing and burrowing-tearing pain in occiput, left side of vertex and in forehead, <on motion, from loud sounds, opening mouth even slightly; most tolerable while lying. *Violent jerks in occiput and then in temples, on every step, while walking in open air. Violent pressure inward left side of occiput, unless presses hand hard on spot. Intolerable bubbling pain in occiput, <<at first on walking,

afterwards < < by slightest motion, > while leaning back sitting, < lying horizontally. Intermittent drawing in cervical muscles and in occiput.

Invaluable in neuralgia from occiput forward, especially on left side of head over and into left eyeball. Pains may be boring, tearing, burning, stitching, stabbing or throbbing.

Spongia tosta. Painful heaviness, as if lead were in it while walking; paroxysmal. Heaviness and stitch, afternoon, when turns head, face, hands and feet hot, rest of body chilly, inclined to coryza; body weak, mouth bitter; shaking chill, evening, then heat, except in thighs, which are numb and chilly. Pressing pain in left side of occiput, as if it would burst. Fine pressive stitches, now in forehead, now in occiput only on motion, with sensation of burning heat from behind ear over occiput to nape.

Characteristic are heaviness and the numb thighs.

Scilla. Sudden transient drawing pain in occiput from left to right. Tearing pain. Long-lasting drawing, sticking while sitting.

Stannum. General heaviness < in occiput. Painful pressing in brain towards vertex and occiput, evening, also after lying down. Painful, almost constant sense of weight on occiput; also heaviness with boring in occipital bones. Pressure outward in left side of occiput. Pressive tearing in left of occipital bone. Constrictive pain in right of occiput. Transient tearing, in forehead, top of head and occiput, afterwards shifting, generally < in forehead.

Excellent in debilitated persons, who tire easily when talking; empty feeling in chest; occiput feels heavy, not from compression but from occipital fullness and outward pressure. Very important is: pains increase slowly, and as slowly decrease.

Staphisagria. Occiput as if compressed internally and externally. Heavy, pressing-asunder pain in occiput while walking in open air. Painful drawing on and beneath occiput persistent on every motion of the head. Transient burning

stitches in occiput, right to left, later below upward. Heaviness in head and weakness in cervical muscles; must lean head to side or backwards. Pressure in head, <in occiput, towards bones of skull, before going to bed, continuing after lying down. A tense pain in left side of neck and occiput, only at night, wakes him, can lie on neither side.

Clinical: °Occiput as if hollow or as if brain was not large enough for the space.

Most characteristic of staphisagria is the sensation of a heavy ball in forehead; but in some cases needed when there is: heaviness and weak muscles referable to occiput and neck, or compression in occiput, caused or aggravated by sexual abuse, over-use of mercury or during convalescence, particularly, too, if the peevishness of the remedy is present.

Stillingia. Sharp darting pain in right occipital protuberance. Constant flowing pain, from median line of forehead to occipital process and left of cerebellum. Sharp darting in sinciput extending to occiput.

Suggestive of pains in mercurio-syphilitic cases, especially of bone pains.

Stramonium. Pain in occiput, during sudden pain over left eye. Occasional, sometimes throbbing, pains right or left side of occiput.

Strontium carbonicum. Dull pain. Pressive pain. Violent compressing pain middle of occiput. Violent boring pain in small spot in right side of occiput. Tearing right side of occiput. Thrusts like stitches in vertex and occiput. Back and small of back as if beaten, <stooping, <removing back from sun-heat; pain extended from small of back over hips; as this disappeared, pressive headache, now in sinciput, now in occiput.

Suggestive are the back and head pains. The drug also causes violent palpitation, suffocation at night, must spring up out of bed. Diarrhœa.

Strychninum. Dull pains in back of head and temples. Pressure, with nausea. Constant pain in occiput and nape.

Boring. Pains in occiput and down whole length of spine. Sharp pains extending to left eye and to back of right ear. Sharp pains in back of head and in glands of neck. Darting in back and top of head. Head jerked backwards. Violent pains through head from back to front. Violent pains in head and in muscles of back of neck, morning.

When the back is almost tetanically stiff, and there are darting, violent pains from occiput forward, strychnine is sure to relieve.

Sulphur. Weight and hot feeling, morning. Aching, heavy feeling, morning, after getting up, into nape. Sudden, aching, tension left side of occiput. Stupefying, tingling in occiput, from noon on, must sit quietly. *Pain as from congestion in left side of occiput, after waking. Aching, drawing, forenoon; in occiput and nape. Drawing in occiput, violent while chewing. *Pressive pain, at night. Burning-aching as if beneath occipital bone. *Pulsating in left side of occiput, changing to jerking. Awoke, five A. M., aching throbbing in right side of occiput, pain in left side of small of back. Aching in vertex, and slight drawing in occiput after dinner, >open air; most aching is in vertex.

Clinical: °Empty sensation in occiput, <in open air and after talking.

One of the best in congestive headaches, general symptoms agreeing. Also in debility from loss of animal fluids, severe study, etc.

Sulphuric acid. Compressive pain in sides of occiput > even holding hands towards head. Pressure, sticking, left side of occiput. Sticking, now in forehead, now in occiput.

Sumbul. Uneasiness in cerebellum, painful, with stiffness of adjoining muscles, on moving head; uneasiness, heat, lightness, ebullitions of blood, chiefly in forehead and cerebellum. Occasional shooting from left cerebellum to left forehead. Uneasiness, dizziness, fullness, heat, in cerebellum, extending to cord, <in sunbeams. Oppression in forehead and dull constriction over head, <from forehead to occiput.

Suggestive in ebullitions of blood and pains, especially in nervous persons who have violent, strong beating of the heart.

Tabacum. Stitches from forehead to occiput, >>lying down. Pressure.

Taraxacum. *Pressure and heaviness in occiput after lying down. *Tearing pain, while walking. Heaviness > stooping, <erect.

Clinical: °Violent tearing in occiput in typhoid. Very useful in "bilious dyspeptics," bitter taste, nausea as after fat, mapped tongue, and pains in legs, >moving.

Tarentula hispanica. Pain to posterior part of head. Pain as if hammer blows in occiput to temples. Intense pain, burning thirst. Pain in occiput as from a nail driven in. Compressive pains in posterior part of head, extending towards neck (relieved by acon.). Headache, deep, restless, must change place often; pain flies to forehead and to occiput, photophobia. Pains in occiput, <inclining head backwards.

Characteristic is headache in occiput, compelling to rest head against pillow; restless, anxious, hysterical. Compare agaricus, ignatia.

Tellurium. Confusion <towards occiput. Numb sensation in occiput and nape.

Thea. Tensive pain, almost as low as nape. Neuralgic pain and feeling of damp coldness in occiput; sharp, electric-like shocks in right occipital protuberance; thence slowly to nape, right shoulder and arm, >warm cloth or hand. Neuralgic pain nape, both sides of base of cerebellum like a cold flat-iron, up over cranium and down forehead to eyes, with excruciating suffering.

Characteristic are sick headaches in nervous, delicate women; palpitation; nausea. Pains in left ovary (like naja).

Thuja. Sensation of heaviness in occiput. Spot near left occipital protuberance painful when lying on it, or even hair painful. Drawing tension. Fullness and pressure when walking in open air. Tension in occiput, painful, from ear to ear. Jerking, tearing, <in right side of occiput. Tearing in

occipital protuberance and in petrous portion of temporal bone for six weeks. Stitches in occiput. Stitches in brain from occipital foramen upwards. Painful stitch through occiput from above downward. Drawing pain <left frontal eminence thence to posterior of left eyeball, thence at times to occiput. Drawing from head over nape to sacral region. Dull stitches from eyeball to occiput. Violent tearing stitch through right side of brain from occiput to forehead. Bruised and tearing sensation from forehead to occiput on waking from sleep, disappearing after sleeping again. Pressing headache on vertex and occiput, with sensation of lead in it, <false step, moving head; brain feels loose.

It is interesting to note that clavus occurs in the thuja provings almost in all localities, save only the occiput. Practically thuja is the best drug we have for neuralgia going from before backwards; thus the converse of spigelia, which it in other respects resembles.

Theridion. Clinical: °Violent frontal headache, with throbbing extending into occiput. Concomitants are nausea, worse from sun, and a peculiar sensitiveness to noises; they make the nausea worse, and penetrate through the teeth.

Tilia europæa. Heaviness as from an in-seated weight; when head inclined forward weight seems to sink lower down in nape. Peculiar aching in occiput extending upwards towards back of head, after dinner. Pressure outward at mastoid process. Pressure and burrowing pain. Drawing in occiput into head and into forehead where it becomes a pressure.

Tongo. Confusion < occiput, somnolence and a sort of intoxication. Sharp dartings upper part of right parietal through head, coming out below occiput. Compressive headache, external sensitiveness, morning. Tearing from right side of occiput through head to a frequently painful tooth.

Upas tiente. Boring in frontal eminence and in left occipital protuberance. Painful heaviness, with throbbing isochronous with pulse. Pressing inward pain in occiput.

Uranium nitrate. Aching at occipital protuberance. Occipital and frontal headache. Occipital headache when he awoke.

Valeriana. Pressure and drawing penetrating into side of occiput (from vapor). As from hammering internally in occiput, so intolerable he forcibly turns head to and fro.

Veratrum album. Tension in occiput and forehead; also with sticking pain deep in occiput.

Veratrum viride. Frontal headache back on left side to occiput, <lying, <<lying on occiput. On waking, indescribable sensation rising from forehead towards crown and grasping as it were vertex and occiput.

Clinical: °Headache from nape, with vertigo, dim vision, dilated pupils. °Congestion of brain and spine. °Cerebro-spinal meningitis. °Muscles of neck contracted drawing head backwards; violent convulsions.

Viburnum opulus. Neck stiff, with pain in occiput. Dull headache <over eyes at times goes to occiput, <when delayed menses should appear.

Zincum. Acute heaviness. Pressing asunder pain in right side of occiput. Drawing in occiput, with gnawing in forehead. Painful gnawing on right occipital protuberance as from a mouse. Bruised pain. Beating as of waves, feeling of heat in a spot on right side of occiput up to vertex. Tearing, with dull stitches on top of head. Tearing in right side of occiput when laughing. Boring right side of head <in occiput. *Vertigo in whole brain, <in occiput, as if he would fall over, or to left, walking.

Zincum phosphoratum. Severe frontal headache, stabs of pain from before to occiput, but intracranial.

Clinical: Zincum: °internal, semilateral, headaches, in sinciput or in occiput, <from wine, in warm room, and after eating.

Zinc is a precious remedy in chronic headaches, deep-seated, maddening pains, with trembling hands or with fidgety feet. It is also useful in anæmia of brain and spine from over-

work, loss of fluids, undeveloped or imperfectly cured exanthemata, etc. The characteristic vertigo is present, as may be, also, tearing pains. Wine aggravates.

The phosphide of zinc has a short proving, but even this justifies the clinical use of the drug in occipital headaches of a neuralgic character, but of evident central origin: stabs from before to occiput. (See also Picrate of Zinc above.)

Zizia aurea. Dull pains in occiput down muscles of neck.

A single symptom, but as it is in a prover who developed the characteristic choreic symptoms, it may be of value.

Symptoms characteristic, clinical or deductive, arranged in the form of a

REPERTORY.

Congestion, etc.: ACONITE, head drawn back. *Æsc. hip.*, spine weak, hæmorrhoidal hyperæmia. Æthusa, want to bend back; colic, green stools, spasms; *vomit.* *Agaricus*, chorea, cerebro-spinal irritation, boring head in pillow. *Ailanth.*, confused, dizzy; beating in occipital arteries. Alcohol, apoplectic fullness, face dark red, muscles of neck give out. ALOES, pulsating; with abdominal plethora. Amyl nitrite. *Ant. tart.*, heaviness, difficult breathing, drowsiness, nausea. Apis, asterias, °baryta sul., BELLAD., < bending back or lying. Borax, throbbing; rush of blood. *Bovista*, ptosis, drowsy, head feels very large. BRYONIA, forehead to occiput, <motion. CACTUS GRAND., with band-like compression; with inco-ordination and sore pressure, >from mental or bodily exercise. CALC. CARB., chronic. *Calc. phos.*, school-girls. CAMPHOR, throbbing, <sun. CANN. INDICA, surging, throbbing; stunning pain, he falls; uræmic cases, convulsions; errors in recognition of time and space, both are magnified; delirium. CARBO. AN., throbbing; heaviness, confusion, <cold, >after dinner; feet weary. Cedron. CIMIC. *Conium*, pain with every pulse as if pierced. Crotalus, digitalin, confusion, pulsation, >

walking open air. Dirca palustris. FERRUM, hammering, coming up neck; feet cold, fingers stiff; mind confused. GELSEM., occiput over head; sight dim; drowsy; face suffused. GLONOINE. Hamam., dull throb. Indigo, throb, stitches; melancholy. Kali c., laches., *lycop.*, after stoops. Lycopus, fronto-occipital pains, congestion; heart-symptoms. Mancinella, hammering head and nape <stoop. Mitchella. Melilotus, *natr. mur.*, NUX VOM., hæmorrhoidal, abdominal plethora, < morning, skull bones as if would burst. Oleum animale, opium, PETROLEUM, pulsations, °even spasms; accompaniment of scrofulous ophthalmia, eczema, diarrhœa, etc., etc. PHOSPH., rush of blood up spine into head, <sun, <summer. *Piper methysticum*, >light mental work or *diversion of mind.* PICRIC ACID, thobbing, <<going up stairs. ZINCUM PICRIC. *Plumb.*, chronic, agonizing pains from behind forward, >walking and pressure hand. PULSAT., throbbing, caused by gastric or uterine derangement, <°after quinine. Ran. bulb., RHUS TOX., RHUS. RAD., SEPIA, °pulsation, <motion, etc. SULPHUR, abdominal plethora, chronic cases. Sumbul, ebullitions; violent heart-beat. °Theridion. Upas. ° *Verat. viride.*

Ice-like Sensation: CALC. CARB., CALC. PHOS.

Coldness: °Chelid., kali nitric., °phos. (brain stiff), pimpinella, silicea.

Feeling of Damp Coldness: Thea.

Crawling: **Calc. phos.*, dulcam.

Heaviness: Weight: Feeling of Lead: Agaric., aur. mur. natro., bryonia, bar. acetica, **bellad.*, bism., bovista, *calc. carb.*, *cactus*, CARBO A., CARBO VEG. (confused as after debauch), *cham.*, CHELID., *colch.*, *coloc.*, con., dulc., graph., helleb., kali c., kali jod., kreos., *LACHES. (leaden), LACTUCA (but more tensive heaviness), lauroc., *lycop.*, mag. mur., mephitis, mitchella, MUR. AC. (obscure sight), myrica, *natr. m.* (draws eyes together), niccol., nitr. sp. dulcis, nitro muriatic ac. (as if brain all in occiput; slow digestion), NUX VOM., opium, pæonia, *PETROLEUM, phellandrium (vertex weighing down), phos., *phos. ac.*, PICRIC AC., ZINC. PIC., *plumb.*, °psorin. (like wood there), ptelea, ruta,

rhus tox., sabina, saponin., selen., *sepia*, spigelia, spong., stann., SULPH., **tarax.*, *thuya*, tilia, upas, zinc.

Mental Over-Work: Brain-Fag: *Coca*, COLCHIC. (nausea, bitter taste, etc.), PHOS. AC. (°occipital headache, pain in nape), CALC. PHOS., PHOS., PICRIC AC., piper meth. (business anxieties, pressure and congestion front to back), ZINC. PICRIC., *natr. mur.*, raphanus, *rhus rad.*, *rhus tox.*, *SEPIA, silicea, SULPH., *zinc*, *zinc. phos.*

Better Concentrating Mind: Helon.

Thinking: Writing: Reading, etc.: Nitric ac., pimpinella, piper meth. (intently or steadily), RHUS RAD. (occiput aches, weak, unable to exert mind or body), *rhus tox.*

Inco-ordination: Cactus, ginseng.

Pains Come and Go Suddenly: Asterias, *arg. nitr.*, BELLAD., merc. corros. (go suddenly).

Pains Come and Go Gradually: Picric ac., STANN.

Occiput Seems to Open and Shut: °*Coccul.*, sepia.

Anæmia: Graph. (neck stiff, spine sensitive <seventh cervical vertebra), CIMIC., FERRUM, KALI CARB. (stiff neck< swallowing food), *mangan.*, ZINC.

Rheumatism: Actæa spic., cimic., **baryta c.* (glands swollen), CALC. CARB., CALC. PHOS., CAUST. (<cold, dry, air), dulc., kali bich., lycop., nux v., ran. bulb. (<changes of temperature), RHUS RAD., RHUS TOX.

Summer Heat: Sun, <: ACON., *camph.*, BELLAD., BRYON., *gelsem.*, GLON., *theridion.*

Damp Weather: DULC., *brom.* (bone-pains), BAR., CALC. CARB., CALC. PHOS.

Touch >: Dirca palustris.

Tight Bandage, <: Calc. carb.

Jarring: °Ferrum <coughing,* GLONOIN., mag. sul. (dare not cough), *NITR. AC.

Pressure, >: Diosc., *bry.*, *CASTOREUM, hydras., nux vom., *plumb.*, ran. scel., sabina.

Rubbing >: Phos. ac., TARENT.

Vertigo from Occiput: Calc. phos., coca, cann., ind., carbo veg., cimic., digit., GELSEM., ginseng, hydroc. ac., mag.

mur., ran. bulb., sabadilla, senecio, *SILICEA, ZINC, merc. corros. (with tearing in occiput), °*nux vom.* (dizzy, intense occipital headache, eyes pain, stomach deranged), selenium (pressure in occiput and vertigo on standing), °verat. v.

Head Drawn Back: Acon., Æthus.,*BELLAD., cereus bon., castoreum (as if would be; *better pressing spot*), ginseng (bends back involuntarily), *GLON., kali cyan., lactuca virosa (as if would be), mag. carb., natr. carb. (as if would be), nitric ac. (with stitches in left side of occiput), *phellandrium*, nux vom., strychnine, °*veràt. viride.*

Head Falls Back: Bufo, kali c., *mur. ac.* (from heaviness), staphis.

Semi-conscious, etc.: Oxygen. nitrog., head and spine numb, falls backwards; hysteria.

As if Would Lose Senses: Natr. mur., ran. bulb.

Confusion, etc.: Ambra, ailanth.(dull, heavy), ammoniac., calc. phos., *carbo veg.* (as after intoxication), carb. sulph. (intoxication), digitalin., digit., °ferrum, *hydroc. ac.*, kali chloric., lycop.

Pain Takes Away Thought: Prunus.

PAINS, NEURALGIA, BONE AND PERIOSTEAL PAINS.

Tearing: Acon., *ars.*, **aurum*, berber., bovista (and in lower jaw), colchic. (eyeballs to occiput), kali nitric., mag. mur., MERCURIES [in general (see periosteum)], ran. bulb. (preceded by vertigo in occiput), rhus ven. (from each temple back to occiput and down neck to shoulders), sabina (pressive tearing), *silicea (occiput forward), **spigelia* (burrowing-tearing), **tarax.* (<in typhoid fever).

Sharp: Flying: Stitching: Neuralgic: ACON., CIMIC., BELL., BRY., *cedron* (periodic, but even if not in ague, nervous persons, etc.), CHAM. (excitable, pains unbearable), **chelid.* (violent back and forth vertex to neck), CHINA (ague; <least touch, >pressure, unbearable), *chin. sulph.* (periodic), **conium* (pain at every pulse as if pierced with knife), diosc. (sharp, twisting

pain, >rubbing), *GELSEM. (sharp, occiput over head, pupils large, face suffused, ptosis), *mag. mur.*, *mag. phos.*, mangan., naja (dull shoots up occiput, spinal irritation), *natr. mur.* (*stitches as with knives in occiput), *phosph.*, *plantago maj.* (especially when there is toothache or earache), *prunus spinosa* (*shooting, lightning-like forehead through to occiput), *JUGLANS CATHARTICA (severe pains in occiput), SANG. (°occiput to over right eye, nausea, vomit, etc.), *SEPIA (*shoot up* <noise, >sleep), °THUJA (converse direction to spig., which latter goes from behind forward).

Boring: Agaric., **coloc.* (>pressure), equisetum, **mezer.*, moschus (here and there in head), natr. sul., oleum an., phos. ac., plantago maj., stann., stron., strychnine, upas.

Burrowing: *Spigelia.

Digging: *Arg. nitr.

Empty Sensation in Occiput: Helleb., mangan., natr. carb., °staphis. (feels hollow), °sulph.

Occiput as if Loose: Picric ac.

Jerking: **Bell.*, cann. ind., kali nitric., *nux vom. (orbit towards occiput), * spigelia (occiput and then in temples), *sulph.

Spasms: Bufo, absinth., acon., BELL., *cann. ind.* (even uræmic), °CAUST., °GELSEM., °*petrol.* (and occipital headache), °*verat. v.*

Pressure: Pressive: Alum., ambra, angus., *arg. met. (arn.), baryta acetica (pressing-asunder), bell., bism., bovista, **bry.*, cann. ind. (before convulsions), *CARBO VEG., caust., cham., **china* (deep in brain), coca, *colchic.* (deep in cerebellum from least literary work), conium, digit., hydroc. ac. (with confusion), lycop., natr. carb. (occiput to nape, at last to forehead, vertigo, eructations, dim vision), NUX VOM. (* < morning; also as if skull was bursting), *oxalic ac.* (inward on *small spot), *PETROL., phos. ac. (outward; also as if on hard board, > rubbing), pimpinella (and pushing temples to occiput and nape), piper methysticum, ran. scel. (>> pressing), selen. (and vertigo), *SILICEA (>warm wrapping), stann. (heaviness and outward pressure in occiput), **sulph.*, **tarax*

Sinking Down Sensation in Cerebellum, etc.: Elaps, tilia.

Pressure: Compression: Band; Tape: Tightness: Constriction: Like a Vise: Amm. mur., ANAC. (also pressure as plug), arg. nit., asafœt., CACTUS, cereus (band, etc.), **camph.* (contractive pain occiput and root of nose), *carb. sulph.* (band-like compression; terrible headache, intoxication or paralytic weakness), coca (ear to ear in vise), coccus (band from mastoid to mastoid), *GRAPH. (as if constricted in occiput), kali nitric., lactuca virosa, *merc. sol.* (constrictive), natr. sul. (pressive, squeezing in whole occiput).

Stiffness: Rigidity: Agar., arg. met., *GLON. (stiff neck as if clothing tight), GRAPH., kali nitric., spigelia.

Drawing: Agaric., ambra, ammoniac., **carbo veg.* (from nape into head), caust., **chelid.*, equiset., **ferrum* (nape to head, then hammering, mind confused), mangan. (>>pressure of hand), moschus (occiput to ears, then to teeth), natr. mur. (forehead to occiput), puls., *sepia.

Tension: *Angus.*, asarum (*scalp), **chelid.*, **lycop.* (nape and occiput while writing), murex (tightness, >bend head back), natr. carb., paris (as if in skin and in meninges), pimpinella, ratanhia (tension here and there as if skin was too tight), thea, thuja (from ear to ear).

Eyes Affected: CIMICIF., eryngium aquat., GELS., lactic ac. (tendency to close eyes), ALOES (must close eyes, heavy), MUR. ACID, *natr. mur.*, senega, bovista (lids inclined to fall), eryngium aquat. (blurring), fagop. (eyes pain), ginseng (gray spots, dizzy in occiput), lactic ac., merc. sol. (eyes water), natr. carb., raphanus (like sheet of water before eyes; occiput feels fatigued), saponin. (left eye feels sore), selen., tarent. (photophobia), °*verat. v.* (dim vision).

Pulse Slow: *Hydroc. ac.*, lauroc., lycop., gelsem., *opium.*

Dragging: Eryngium.

Bones: Periosteum: *Merc. jod.*, *merc. bijod.*, *merc. corros.*, MERC. SOL., *merc. præc. ruber* (all these mercuries: *Jod.* with coated base of tongue; *corros.* scalp very sore, pains leave suddenly; *sol.* °tearing side of head to temple, <night in heat of bed; sweat and no relief; *præc. rub.*

°leaden heaviness in occiput), *MEZEREUM (boring <night, <abuse of mercury), NITRIC AC. (mercurial, syphilitic, <least jar, as rattling of wagons, also pressure of hat; bones as if constricted with tape), stillingia (°mercurio-syphilitic cases).

Extending from Neck to Occiput: Nat. mur., kali c., kalmia (up into head), diosc. (back of neck to back of head and to occiput and to shoulders), dulc., **ferrum*, fluor. (like a breath nape to occiput), *GLONOINE, helleb. (nape to vertex).

From Whole Head to Occiput: Fagopyrum (dull pain in eyes, aching, tired neck), **piper meth.* (>diverting mind).

From Above Eyes to Occiput: Bism., cimic., colchic., *NUX VOM. (orbit to occiput), **sepia*, *THUJA (excellent in neuralgia).

From Temples to Occiput: Cinnab., iris vers., kali bich., lycopus (cardiac depression), rhus ven.

From Forehead to Occiput: BRY., **cann. sat.*, canth. (deep stitches), cimic., chin. sul., coccus, equiset., eup. perf., lilium tig., **nux vom.* (temples, then forehead, then occiput), plantago maj., *prunus*, sabadilla (like thread from forehead to occiput), sabina (drawing), **sepia*, °theridion.

From Front Over Head to Occiput: *CIMIC.

From Vertex to Neck: **Chelid.* (and vice versa), gelsem.

From Crown to Occiput: Cinnab.

From Sacrum to Occiput: Cann. ind. (hot iron).

From Neck to Shoulders: Kali nitric.

From Nape to Vertex: **Silicea* (headache; also cold headache).

Extending from Occiput

To Forehead: China, merc. sol., mosch., conium, bovista, mur. ac., **carbo veg.*, dirca, kali bich. (after nasal discharge), jaborandi, *GELS., kali c. (like something sinking), mur. ac., sabadilla (through brain to forehead; reeling sensation), sabina, °SARS., senecio, tarent.

To Temple: Menisperm., coca (reading), **Spig.*

To Vertex: Mag. mur., nat. c., digit., lactic ac., lycop. (shock), phellandrium, ratan.

To Head: *Merc. sol.*

To Jaw: Kali chlor., bar. acet., nitric ac.

To Nape of Neck: **Bry.*, kali c., kali nit., lauroc., mur. ac., pimpinella, ran. bulb. (then along jaw forward), sabina (and down whole spine).

Down Neck: Arg. nitr., comoclad., hydroc. ac., mangan. (to fifth vertebra), tarent.

To Shoulders: **Bry.*, diosc., gelsem., ipecac., kali c., kali nit.

Down Spine: Æthusa, sang. (to renal region and there<), sepia, strychn., thuja.

To Ears: Colchic., puls., plantago, strychnine.

To Eyes: Eryngium aq., *SPIGELIA (<over and in left eye), strychnine.

Forward: Oleum an., °RHUS TOX. (must move about continually, which relieves), °RHUS RAD. (<cold, >motion).

***Pain in Head and Nape; or *in Occiput and Nape:** RHUS RAD.

DISCUSSION.

DR. VAN ARTSDALEN: For vertigo in the occipital region I have found baptisia to cover almost the same symptoms as those given for petroleum. If the pain runs from occiput through to the eyes, agaricus is the remedy. Bovista has drowsiness, reflex from the stomach, and transverse half-sightedness. In brain-fag, phosphoric acid.

DR. GUERNSEY: I think with Dr. Martin that cases of poisoning by matches should not be included in our provings of phosphorus, for we must, in such cases, get a combination of sulphur with the phosphorus. I am glad that the repertory of remedies for occipital pain has been prepared, for we have long needed it. I would mention the use of coca for brain-fag, taken as a drink. It is given to athletes to enable them to withstand fatigue, and its use is not followed by depression. It is also used as an antidote to alcohol. I believe that we do

get symptoms from the provings of higher potencies and that we get the finer shades of the provings without any of the effects of the crude drugs.

Dr. James: I have had some experience with coca. In one case of a lady suffering from nervous depression I gave a malt preparation, but it only served to increase her sufferings. I then obtained the fluid extract of coca and putting from ten to twenty drops in a half glass of water, let her sip it as she would a glass of water. It brought her up much better than alcoholic stimulants had ever done, and it had no bad effects. I have used it after cases of exhausting diseases, as typhoid fever, etc., and find it much better than alcohol.

Dr. J. B. McClelland: There was a remedy mentioned by Prof. Farrington in his lectures on materia medica, for occipital headache, that I have not heard spoken of to-day, and that is juglans cinerea.

Dr. Farrington: That was mentioned as juglans cathartica, which is the same thing. Dr. Guernsey is right in regard to coca. Dr. Van Artsdalen spoke of some remedies that are included in the paper. As I only gave an abstract of the paper, I have not mentioned all the remedies given.

REPORT OF BUREAU OF OPHTHALMOLOGY AND OTOLOGY.

In the absence of the chairman and any member of the Bureau of Ophthalmology and Otology, the Corresponding Secretary presented the following papers, which were accepted and referred to the Publishing Committee:

Congenital Partial Luxation of Both Crystalline Lenses: Relief of Asthenopic Symptoms by Peculiar Glasses, by W. H. Bigler, M. D.

A Case of Aural Polypus not Involving the Tympanum, by H. F. Ivins, M. D.

A Report of Two Cases of Latent Hypermetropia of High Degree, by C. Bartlett, M. D.

CONGENITAL PARTIAL LUXATION OF BOTH CRYSTALLINE LENSES: RELIEF OF ASTHENOPIC SYMPTOMS BY PECULIAR GLASSES.

BY W. H. BIGLER, M. D., PHILADELPHIA.

Dislocation of the crystalline lens may result from disease or from violence, or may be congenital, as in the case about to be narrated.

Miss D.; aged twenty-three years, was sent to me by her physician to learn whether the intense headaches from which she had suffered for many years were due to the near-sightedness, which was the only prominent ocular symptom.

The patient complained that any use of her eyes was attended with blurring of vision, intense pain and soreness in the eyes, and lachrymation; that in order to see clearly, objects had to be held very close, and her lids partially closed. She had suffered in this way from her earliest recollection, and her father, the only relative of whom she knew anything definitely, had also been near-sighted.

On examination found eyes dark hazel, with the staring look so generally noticeable in myopes. The anterior chambers appeared perfectly normal. Both pupils seemed to be placed a little above the centre of the irides, which themselves showed a peculiar concentric striation, as if from separation of the stroma. No tremulous motion. The ophthalmoscope showed media all clear, but a dark, shadowy line close along the lower margin of the undilated pupil, lying back of the iris, and only in this way to be distinguished from an appearance presented by conical cornea. The fundus presented a peculiarly distorted view through the somewhat small pupil.

The next examination, the pupil dilated by atropiæ sulph., revealed the nature of the difficulty. Directly across the widely dilated pupil of each eye, at about the junction of the lower two thirds, ran a dark line, clearly distinguishable as the margin of the dislocated lens, and marking off a beautifully symmetrical crescent almost exactly similar in each eye. Running downward from this margin to a line of attachment be-

hind the narrow rim of iris, close examination showed delicate lines, evidently the stretched and attenuated suspensory ligament. The discs could be seen both through the luxated lenses in the upper part of the pupils, and through the crescent of the pupils unoccupied by the lenses. Of course the glasses necessary to recognize the details of the fundus in the two cases were entirely different.

No signs of disease were visible in the fundus.

V. R. = $\frac{10}{70}$: L. = $\frac{10}{30}$. After careful testing found that in R. with —36s. ⌒ —48 cy. ax. 180°. V. = $\frac{10}{15}$; in L. with—48 cy. ax. 180°, V. = $\frac{10}{10}$.

While this combination was perfectly satisfactory for distance, she was not able to read with it except with the lids almost closed. I therefore prescribed the above combination, and ordered the entire glass to be ground opaque, with the exception of a small central clear spot, 3 mm. in diameter.

She reported that there seemed too many rays of light passing across the central spot from its margin when she wished to read or work. I then had this margin painted black, hoping thus to cut off these confusing rays, but with only partial success. I finally had the entire glass varnished black with the exception of the centre, and the patient has now no difficulty in reading, nor in looking at distant objects. She can use her eyes for any length of time with perfect comfort, and is entirely cured of her headaches.

A CASE OF AURAL POLYPUS NOT INVOLVING THE TYMPANUM.

BY H. F. IVINS, M. D., PHILADELPHIA.

It is a well established fact that aural polypi generally spring from the drum cavity in the form of granulations which, growing, gradually push themselves through a usual perforation in the drum membrane; after which they may attain such a size as to project from the external meatus and

rest on the pinna; or, they may be so small as never to pass beyond the tympanic cavity. They may grow from the mastoid antrum and cells, from the ossicles, from the surface of the membrana tympani; they may originate in the middle ear before a perforation exists in the drum head (rare); or, finally, and very exceptionally, they may spring—as in the following case—from the external meatus proper.

Again, while the majority of polypoid growths are due to a preceding suppurative process, this case was entirely free from any previous or subsequent purulent affection. Further, pain is rarely complained of by those suffering from aural polypus, while here pain was the chief symptom which attracted attention to the ear. There was no bloody discharge as is frequently the case with the usual polypoid growth.

"Aural polypi," says Burnett, * "are almost invariably attached to the mucous membrane of the tympanum, it being a rarity to find them attached to the auditory canal with an imperforate drum. I have seen but two cases," he continues, "in which the latter feature characterized the growth."

The foregoing quotation is, I trust, sufficient to warrant me in presenting to you the case which has come to my notice:

CASE.—July 12th, 1884, Mr. C., aged twenty; very nervous; called upon me at the suggestion of his physician. He gave the following history: One week ago, after attempting to pick from his left ear a quantity of wax, severe pain appeared, which, for the past four days, has been constant, and for three nights he has been unable to sleep, save an occasional nap of a few minutes' duration. Hearing has been slightly impaired in both ears for many months, but the right has been the better ear. He has a chronic naso-pharyngeal catarrh.

On the 12th, the hearing in the right ear was 4-40ths, for the watch, which could only be heard with the left upon pres-

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A Treatise on the Ear p. 5 4.

sure against the auricle. The tuning-fork placed upon the forehead was heard about equally well on either side. The right meatus contained cerumen, which was removed, and the middle ear inflated according to Politzer's method. The hearing in it then equalled 7-40.

The left meatus externus was completely blocked by a reddish, rather smooth mass, which did not bleed easily when touched. The mass was so large that I could with difficulty insinuate a dentist's probe, charged with a very small quantity of absorbent cotton, between it and the posterior wall of the canal. By gradual and careful manipulation I found the polyp to be attached by a rather broad base to the anterior wall of the meatus. By gentle traction I succeeded in drawing the posterior edge of the growth slightly forward, at the same time wiping away a small quantity of broken-down epithelial scales. The pain occasioned by very careful use of instruments was so severe that the patient felt obliged to lie down two or three times during the treatment lest he should faint.

I hesitated to pass the snare about the growth lest the pain should be too severe, and, too, from the solid (fibroid) nature of the polyp, I scarcely thought it could be easily removed by that method. I, therefore, cut off a piece of the tumor with a pair of curved scissors. This was followed by slight bleeding. This piece having been removed there was sufficient space to wipe out more of the degenerated epithelium and a small quantity of cerumen.

Concluding that the pressure, which had been exerted by the tumor on the meatus, had been the chief cause of the pain, I determined not to do more in the way of mechanical removal of the growth at that time. I, however, applied alcohol (ninety-five per cent.) to the polypus; ordered Mr. C. a fifty per cent. solution of alcohol to be dropped in the meatus three times daily, and gave him pulsatilla ^{3x}.

7—14. The gentleman reported: Past two nights slept well, being disturbed but once each night; pain much less.

Polypus smaller. At this date another small piece was removed. Continued alcohol and puls.

7—17. Pain ceased, save an occasional darting through the ear. The hearing was then, after inflation, 17-40 in the right, and 1-40 in the left ear. At this visit a saturated solution of chromic acid was applied to the polypus after syringing out a mass of cerumen and epithelium. The membrane was found intact but rather congested and shrivelled from the presence of the cerumen. Sanguinaria canadensis ^{3x} was given internally, and a seventy-five per cent. solution of alcohol was to be used locally once a day.

7—30. Pain gone for several days; a small denuded spot marked the site of the late tumor. The membrana tympani was slightly catarrhal (as was the right one), but presented no evidence of former perforation. Politzerization increased the hearing in each ear to 16-40. Nothing was now used excepting an occasional dose of sang. can.

8—27. Patient reported feeling well in every respect. The left meatus presented nothing abnormal and no tenderness existed at the spot to which the pedicle had been attached. The hearing distance for the voice seemed almost normal, and for the watch: right, 24-40; left, 16-40.

Buck* has reported two similar cases, the origin of which he assigns to furuncles; the same, I think, applies to this case; but he detected denuded bone in both cases, while careful search failed to elicit such a condition in the writer's case.

A REPORT OF TWO CASES OF LATENT HYPERMETROPIA OF HIGH DEGREE.

BY CLARENCE BARTLETT, M. D., PHILADELPHIA.

CASE I.—Miss W., aged eighteen years, is a young woman of fine physical appearance. She is in the habit of doing considerable reading and fine needle work. For one year

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* Diagnosis and Treatment of Ear Diseases; p. 94, et seq.

past her eyes have been annoying her whenever she attempted to use them. She had already been to an oculist, who examined the eyes after the accommodation had been thoroughly paralyzed by atropia. The glasses which he prescribed only aggravated her trouble and pained her eyes so much that their use was discontinued. On June 2d, 1884, I examined her eyes with the following result:

O. D. V. $= \frac{20}{XX}$ can bear $+\frac{1}{72}$ only.

O. S. V. $= \frac{20}{XXX}$ " " $+\frac{1}{72}$ "

The accommodation was thoroughly paralyzed by the instillation of homatropin (gr. viij–ʒj.) The following is the result of the second examination:

O. D. V. $= \frac{20}{C}$; c $+\frac{1}{9} = \frac{20}{XX}$

O. S. V. $= \frac{20}{CC}$; c $+\frac{1}{9} = \frac{20}{XXX}$

c. sten. 95° V. $= \frac{20}{LXX}$; c $+\frac{1}{12} = \frac{20}{XX}$

c. sten. 5° V. $= \frac{20}{CC}$; c $+\frac{1}{8} = \frac{20}{XX}$

O. S: c. $+\frac{1}{12}$ s. $\supset +\frac{1}{24}$ cyl. ax. 95° $= \frac{20}{XX}$

The prescription given was for $+\frac{1}{36}$, for each eye and for reading only. The patient has now been wearing these glasses for three months and they continue to give her great satisfaction. Sooner or later, they will doubtless require changing, and some account of the astigmatism in the left eye taken. The unusual feature of the case is the high degree of the error of refraction without any disturbance in the acuteness of vision, and at the same time the refusal of either eye to accept more than $+\frac{1}{72}$ before the accommodation was paralyzed.

Case 2.—Jno. O.; aged ten years, had been complaining for some time prior to coming to me of the ordinary symptoms of asthenopia. An examination of his refraction gave the following result:

O. D. V. $= \frac{}{XXX}$; cannot stand $+\frac{1}{72}$;

O. S. V. $= \frac{20}{XX}$; " " $+\frac{1}{72}$;

with homatropin (gr. viij–ʒj).

O. D. V. $= \frac{20}{CC}$; c $+\frac{1}{9} = \frac{20}{XXX}$

O. S. V. $= \frac{20}{CC}$; c $+\frac{1}{9} = \frac{20}{XX}$

The glasses selected were $+\frac{1}{36}$ for constant use. The relief which they gave to his eye symptoms was complete.

Both of the above cases occurred in young people in excellent health. This fact explains the good vision which they possessed despite the great error of refraction. These cases teach us, that we cannot with certainty decide as to the condition of the refraction of any eye until the accommodation has been completely paralyzed.

REPORT OF THE BUREAU OF GYNÆCOLOGY.

Dr. Millie J. Chapman, Chairman of the Bureau of Gynæcology, presented the following papers, which were accepted and referred to the Publishing Committee:

Prophylaxis for Women, by Emma T. Schreiner, M. D.

A Peculiar Case of Sterility, by Z. T. Miller, M. D.

Fibroid Polypus of Uterus, Complicating Parturition, by C. H. Lee, M. D.

PROPHYLAXIS FOR WOMEN.

BY EMMA T. SCHREINER, M. D., PHILADELPHIA.

"From the cradle to the grave—
....save, oh, save!"

Much has been said of the early decay of American women. Sometimes the fact is attributed to too high mental development. A predominance of the emotional element over culture of any kind seems a prominent factor in the case. Excitement enables one to bear an intense strain almost unconsciously, until some over-taxed part gives way and the balance is lost, perhaps forever, perhaps to be slowly regained through months or years of nervous prostration.

To insure health to women, training must be begun in infancy. If the sacredness of human life were appreciated from its outset, there would be less relieving of disease for the physician; to save from the evil would be his chief work.

"The child is father to the man," and the teachings of childhood are not easily obliterated. Teach the children, as they grow old enough to understand, the mysteries of life. Teach them, reverently, that the subject is too sacred, not too low, for ordinary conversation. Teach them fully: leave no unsatisfied curiosity to be gratified from some degrading source. Give them a full knowledge of all the functions of their bodies and the care which they require, and *their* children shall rise up and call you blessed.

Care in developing the muscular system cannot be exercised too early. Passive movements of all parts of the body are of more use during the first year of life than ever after, and the straight and proper growth of bone and muscle can then be easily directed. Encourage the little girl to use her arms and shoulders; develop for her fuller pectoralis, deltoid, and biceps than her mother possesses. Then, by and by, when she is lifting and tossing her babies or bundles, doing her work whatever it may be, due strain will be sustained by those muscles instead of falling upon those of the back and pelvis. As years go on, the hoop and ball, tennis and croquet will aid in accomplishing the desired end. If fortunate enough not to be driven from the executive apartments by servants, the home holds possibilities of development in many directions and in attractive ways.

Clothing is gradually becoming more nearly adapted to the needs of the wearer, but many young mothers will seek your advice with regard to dressing their children. You may give them the general directions that the clothing shall not constrict or irritate,—that it must not be long and heavy, too warm, or with thickness unequally distributed. But if you can provide patterns for all the little garments you will remove a load from the mother's mind and be in a fair way to see your principles carried into effect. As the child grows, see that the apparel is modified to meet each need and do not scorn to consider beauty, and grace of form, as well as utility. It is surprising how early a little girl's thoughts may be found

centering in dress and style, to the exclusion of worthier subjects. To avoid an undue tendency in that direction, let baby-jewelry, and all articles of dress calculated to attract attention and comment, be discarded. An abundance of clothing beautiful in texture, neatly and simply made, is far more desirable for children of all classes than any elaboration of ruffles, tucks, laces, and embroidery. Cultivate early the taste in form and color, and the combination of use, beauty and simplicity; that in after years little time may be given to secure the end, which all women desire, of being well and becomingly dressed,—that is, dressed to act and appear to the best possible advantage, yet so inconspicuously that no ordinary observer thinks of describing the apparel.

The child's time should be divided, from the first stage of life, into proper intervals for food, rest and exercise. Sleeping and feeding may fill the earliest stage, but the habit of some mothers of allowing a baby to sleep as long as it will, without food, should be corrected. The regular intervals of feeding must be observed from the first to the later end of life. The quantity and quality of food must also be carefully directed, nothing being left to chance or taste.

Eradicate from all minds the idea that intellectual training unfits a woman for the ordinary duties of wife and mother. She will not be less methodical in her daily life because she recognizes the law and method of the universe. Nor will the food for the household be less palatably prepared because she understands the chemical actions of its constituents. Nor will the development of her children be retarded because she knows the direction and manner of that development and can intelligently direct its progress. The ultimatum of "a sound mind in a sound body" can only be reached by a careful cultivation of all the powers of body and mind. The effort to force girls into the conventional mould often warps and distorts a growth that, if trained aright, would have been noble and perfect "after its kind." Train the daughter for the work for which she has a natural aptitude,—as you would train her brother.

If she shows no especial talents, teach her to do something by which she may obtain an honorable living,—as you would teach her brother. You know not when fortune may withdraw her favors. Spare girls the necessity of "marrying for a living," and thus falling as low, in reality, as a sisterhood receiving less outward respect. Fit girls for the work of life and see them cheerfully interested in it; then let marriage come as an incidental blessing, not as a finale to be prayed and pined and schemed for, as if all happiness depended thereon. The girls would have better health if they thought less of possible and impossible lovers; if they were interested in useful work and study rather than in sensational novels.

This is all old ground, but it cannot be trodden too often while human nature remains unchanged. The emotional sphere must not be ignored. The cultivation of deep religious feeling, of love and reverence for God, of simple trust, and of faith in the triumph of righteousness; home ties, sympathy for suffering, and charity for all, should keep the feelings sensitive and strong.

Say you, I have given nothing of hygiene and prophylaxis for *women!* No rules for the care of her health, no laws of living! The woman with every faculty of body and mind developed and trained from infancy needs no *law.* She will be a law unto herself, and until we achieve such women, law will be little regarded.

A PECULIAR CASE OF STERILITY.

BY Z. T. MILLER, M. D., PITTSBURGH.

A woman aged thirty-six years, more or less, married a well-to-do farmer. She menstruated regularly, never experienced any of the complaints common to women during their periods; backache was an ill unknown to her, in fact everything was perfectly normal, but she did not conceive. The faultless manner in which she performed her functions, led them to believe that the defect was with the sixty-year-old husband,

to overcome which, they resorted to all the methods and means known to medical science but without effect.

The lady was sent to me. Symptoms, she had none. Ocular inspection revealed a cervix normal in shape, but there was no external os. There was a slight depression where the os should be, but no opening. I searched diligently but ineffectually. Query: Where did the menstrual blood make its escape? She was requested to return at the next period, during the flow, which she did. After exposing the os, I mopped it clean and waited, and finally saw a drop of blood oozing from a point corresponding to the junction of the cervico-vaginal mucous membrane on the left side. The opening was large enough to admit a pocket-case probe, which was carried into the cavity of the uterus to the depth of three inches. The size and location of the opening explained the sterility, but it did not explain why a spermatozoon can enter a Fallopian tube and not an orifice of greater diameter, located in a position quite as favorable, in the genital tract; neither does it explain why this woman was entirely free from dysmenorrhœal troubles. Had this woman become pregnant could she have been delivered? She afterward placed herself in the hands of surgeons, but I learn, never bore children.

FIBROID POLYPUS OF THE UTERUS COMPLICATING PARTURITION.

BY C. H. LEE, M. D., NEW CASTLE.

Called to see Mrs. S., September 8th, 1884, ten P. M., to attend her in confinement. She was having labor pains every five minutes. The os was fully dilated; head quite low down; vertex presentation. I expected a short labor, when in the course of fifteen or twenty minutes the pains suddenly ceased. After waiting half an hour for their return I gave puls.^{0} 6 gtt in tumbler half full of water, a teaspoonful every five minutes. After taking a few doses the pains returned, and in half an hour she was delivered of a fine healthy girl. Shortly

after after-pains came on and the placenta was removed entire. While directing my attention to the child to see that the navel was properly cared for, the woman said to me: "Doctor, I can't see, it's getting so dark!" I went to her and found her pulseless, and flooding profusely. I gave her ipec. in water, a teaspoonful every five minutes, and placed my hand over the uterine region, grasping the uterus and squeezing it, and at the same time pressing downwards, keeping my hand in that position for fifteen or twenty minutes, when the hæmorrhage was controlled. I ordered perfect quiet and gave china 3d in water, a teaspoonful every hour. I called in the morning of the ninth quite early and found her quite comfortable; pulse 90 and weak; continued china. Was called the same evening and found the pulse 140, temperature 103½,° abdomen tympanitic, no pain in the abdomen, but has severe beating, throbbing headache. I could not account for the trouble and gave bell. 3d in a tumbler half full of water, a teaspoonful every hour. Called at noon and found the symptoms the same, the tongue dry and parched, with thirst. I gave bry. every half hour. I learned afterwards from a neighbor that the morning after her confinement a few of her neighbors called to see her and had a jolly time drinking beer, she drinking a quart. At my evening visit I told her what I had heard and she acknowledged it. I then gave her nux. v.

September 10th. Much better; fever almost gone; pulse 100, temperature 100½°; tympanitic condition of abdomen all gone; lochia normal. She is of a sallow color and feels quite weak.

September 11th. Doing well. I was called up at midnight, her husband stating that he thought there was a piece of the placenta coming away. I visited her and upon examination I found a large clot of blood, which I removed, after which a severe pain came on as in labor. I introduced my hand into the vagina and removed a large mass of something, which, upon examination, proved to be a fibroid polypus about five inches long and three inches in diameter, having a pedicle

two inches long. The tumor, after being opened, consisted of unstriated muscular fibre and connective tissue. A slight hæmorrhage came on, which was controlled by secale and ipec. She is improving slowly, but is very anæmic. I was very much surprised at the hæmorrhage, and could not account for it, but I am now convinced that it was caused by the tumor being torn away during labor.

DISCUSSION.

Dr. Seip: Dr. Miller's case is quite an interesting one. He said the woman was well, but if he passed his probe three inches into the uterus, as he stated, she must have had an enlarged womb. The diagnosis could have been made more readily by a resort to bi-manual examination. I think an operation would have produced a good cervical canal.

Dr. Miller: I feel certain that there was no abnormal condition of the uterus. The query with me is this: If there was a sufficiently large opening to permit the escape of the menstrual fluid, why would it not also admit the spermatozoa to the uterine cavity?

Dr. Seip: Where we have abnormal openings in the cervix uteri, when they are small, we generally find but a slit or button-hole opening, and the mucous membrane of the vaginal part of the cervix acts as a valve, and, while it will not obstruct the outward flow of the uterine secretions, is an effectual barrier to the entrance from the vagina of any fluid.

Dr. Chapman: I had a case of labor in which hæmorrhage was severe and protracted. In introducing my hand into the uterus for the purpose of arresting the hæmorrhage I found a growth, attached to its wall, of the size of a thumb. This woman bore three children afterwards, and after a subsequent miscarriage, the growth, which proved to be a fibroid polypus, came away. When the polypus was expelled it was found to have grown to about twice the size that it was when first noticed.

I am sorry to have such a meagre report to present, but several members of the bureau, who had papers in course of preparation were unavoidably prevented from completing them.

NEW BUSINESS.

Dr. Willard: The question of finance is one that we will have to consider. There is not sufficient money in the treasury to publish our Transactions, and it will be necessary to take some steps toward raising some; and I suggest that a subscription book be opened so that those who desire it may subscribe for this purpose.

Dr. James: I am averse to this way of raising money. I understand that there are a number of members of the society who are in arrears for dues, and I think some further effort should be made toward obtaining what is due the society from them, before calling upon others for subscriptions.

I would therefore move that a committee of three be appointed to prepare a circular to be sent to all members who are in arrears for dues, notifying them of the fact, and urging upon them the necessity of paying their indebtedness so that the society can be freed from debt.

Dr. Seip moved to amend by having the by-law in relation to dues printed in this circular.

Remarks were made on the subject by several members, and the motion was carried.

The President appointed Drs. J. E. James, J. C. Guernsey, and L. H. Willard as this committee.

The resignations of Drs. T. M. Strong and Mrs. C. T. Canfield were offered as members of this society, both on account of removal from the State, and were accepted.

Dr. Guernsey gave notice that at the next meeting of the society, he would propose an amendment to the constitution changing the titles of the Secretaries.

Dr. Guernsey offered an amendment to Article seventh, Section first of the by-laws, making it read as follows:

"Each paper presented to the society shall be through its appropriate bureau. All papers to be presented by any bureau shall be in the hands of the chairman thereof, at the opening of the session: and it shall be the duty of each writer to prepare an abstract, which will accompany the paper when handed in, and the chairman shall decide whether the abstract only or the entire paper be presented to the meeting for its consideration and discussion. All papers shall be subject to the approval and revision of the Committee of Publication. No report or paper will be received, by the society, in an incomplete or unfinished condition; and no paper shall be published as part of the transactions, which has been previously published."

This by-law, as amended, was adopted.

The following supplementary report having been offered, it was, on motion, laid on the table.

SUPPLEMENTARY REPORT OF THE COMMITTEE ON THE PRESIDENT'S ADDRESS:

Moved, that while we endorse the plans adopted at the recent meeting of the American Institute of Homœopathy for the revision of the Materia Medica, yet, believing in the efficacy of the higher dilutions and triturations in the treatment of the sick, we regret the rejection of all provings and clinical confirmations of drugs above the twelfth decimal—unless confirmed by the lower dilutions—and accept the plans of revision as the only alternative by which we could have the work done.

J. C. Guernsey, M. D.,
E. A. Farrington, M. D.,
E. Cranch, M. D.,
Committee on President's Address.

The following was then presented and received:

This report having been tabled by the Society, by a vote of fifteen to eight, we the undersigned feel in conscience bound to dissent from such action.

J. C. Guernsey, M. D.
E. A. Farrington, M. D.
(Dr. Cranch absent).

A communication from the National Medical Hospital in Washington, D. C., asking for assistance, was read by the Secretary.

On motion the communication was accepted and ordered to be placed on file, and the Secretary instructed to report the action of the Society to the hospital authorities.

The bill of the Corresponding Secretary for stationery, printing and postage during the year, was presented, and the Treasurer instructed to pay it.

Dr. James invited the Society to hold its next meeting in Philadelphia, and on motion the invitation was accepted.

The Society then proceeded to the election of officers for 1885, which resulted as follows:

President, ...	J. E. James, M. D.
First Vice-President, . .	D. Cowley, M. D.
Second Vice-President, . .	J. K. Lee, M. D.
Recording Secretary, . .	C. Bartlett, M. D.
Corresponding Secretary, . .	R. E. Caruthers, M. D.
Treasurer, ...	J. F. Cooper, M. D.
Necrologist, ...	W. R. Childs, M. D.
Censors, ...	L. H. Willard, M. D. C. Van Artsdalen, M. D. Harriet J. Sartain, M. D.

The President then announced the following Committees and Bureaus:

Committee of Arrangements:—The Officers of the Society.

Local Committee of Arrangements:—The Philadelphia County Society.

Committee on Subscription:—J. F. Cooper, M. D.

Committee on Legislation:—Hugh Pitcairn, M. D., *chairman*, Drs. J. K. Lee of Philadelphia, J. B. McClelland, J. J. Detwiller, E. Cranch, A. P. Bowie, J. S. Boyd.

Committee on Publication:—Drs. R. E. Caruthers, C. Bartlett, J. F. Cooper.

Delegates to the American Institute of Homœopathy:—Drs. J. C. Burgher, R. K. Fleming, J. S. Skeels, M. J. Chapman, H. J. Sartain, R. W. McClelland.

Bureau of Materia Medica:—E. Fornias, M. D., *chairman*, Drs. E. A. Farrington, A. Korndœrfer, R. P. Mercer, C. G. Raue, W. D. King, M. Preston, D. Cowley.

Bureau of Clinical Medicine:—C. C. Rinehart, M. D., *chairman*, Drs. A. P. Bowie, W. J. Martin, J. K. Lee of Johnstown, C. Mohr, J. R. Horner, Z. T. Miller, J. C. Morgan, J. Malin, H. N. Martin, J. E. Jones, H. W. Fulton.

Bureau of Surgery:—C. M. Thomas, M. D., *chairman*, Drs. L. H. Willard, J. E. James, R. E. Caruthers, J. H. McClelland, W. B. Van Lennep, W. T. Maguire, W. D. Hall, P. O. B. Gause, J. J. Detwiller.

Bureau of Obstetrics:—J. C. Guernsey, M. D., *chairman*, Drs. H. N. Guernsey, B. F. Betts, Mary Branson, O. T. Huebener, H. H. Hofmann, J. B. McClelland, W. F. Edmundson, S. W. S. Dinsmore, H. Detwiller.

Bureau of Gynæcology:—C. H. Hofmann, M. D., *chairman*, Drs. M. M. Walker, M. J. Chapman, C. P. Seip, H. J. Sartain, O. B. Gause, J. C. Burgher, I. G. Smedley.

Bureau of Pathology and Pathological Anatomy:—W. C. Goodno, M. D., *chairman*, Drs. A. R. Thomas, J. A. Bullard, J. N. Mitchell, T. E. Parker, J. H. Helfrich.

Bureau of Ophthalmology and Otology:—H. F. Ivins, M. D., *chairman*, Drs. W. H. H. Neville, W. H. Bigler, W. H. Winslow, C. Bartlett, J. H. Reading, R. W. McClelland.

Bureau of Pædology:—C. S. Middleton, M. D., *chairman*, Drs. E. Cranch, S. F. Shannon, R. K. Fleming, C. F. Bingaman, E. S. Sharpless, C. Van Artsdalen, H. M. Bunting, L. C. Jackson.

Bureau of Sanitary Science:—E. C. Parsons, M. D., *chairman*, Drs. J. F. Cooper, P. Dudley, H. Pitcairn, J. K. Lee of Philadelphia, J. B. Wood, H. J. Evans, T. M. Johnson, B. W. James, J. L. Dunn, J. S. Boyd.

Bureau of Organization, Registration and Statistics:—R. E. Caruthers, M. D., *chairman*, Drs. J. C. Burgher, W. W. Van Baun, F. R. Schmucker, T. M. Johnson.

After votes of thanks had been tendered the members of the press for the full reports of the meeting, the executive committee of the hospital for courtesies extended, and to the officers for their services, the society adjourned.

CONSTITUTION AND BY-LAWS.

CONSTITUTION.

ARTICLE I.—Name and Object.

This Association shall be known as the Homœopathic Medical Society of the State of Pennsylvania.

Its object is the advancement of medical science.

ARTICLE II.—Members.

This Society shall be composed of active, honorary and corresponding members, who shall be chosen in conformity with the By-Laws.

ARTICLE III.—Officers.

The officers of this Society shall be a President, two Vice Presidents, a Recording Secretary, a Corresponding Secretary, a Treasurer, a Necrologist, and a Board of Censors consisting of three members, who shall be chosen at such time, in such manner, and for such a period, and shall perform such duties as the By-Laws may direct.

ARTICLE IV.—Amendment.

This Constitution may be altered or amended by a vote of two-thirds of the members present at the annual meeting; provided, that notice of such intended alteration or amendment shall have been given to the Society, in writing, at the annual meeting next preceding.

BY-LAWS.

ARTICLE I.—Meetings.

Section 1. The annual meeting of this Society shall be held at ten A. M., at the time and place decided upon at the annual session next preceding.

Seven members shall constitute a quorum for the transaction of business.

Sec. 2. The elected officers of the Society shall have power to direct such other meetings to be held as they may judge advisable.

ARTICLE II.—Officers.

The officers shall be elected by ballot at each annual meeting of the Society, and shall enter upon their respective duties on the first day of January next succeeding their election.

ARTICLE III.—Duties of Officers.

Section 1. The President shall preside at the meetings of the Society, preserve order therein, put questions, announce decisions, and appoint committees not otherwise ordered. He shall deliver an address at the opening of the session.

Sec. 2. The Vice Presidents, in the order of their election, shall perform the duties of the President, in his absence.

Sec. 3. The Recording Secretary shall keep a record of all the proceedings and resolutions, and of all discussions that may occur in the Society; authenticate by his signature all papers and acts of the Society, when the occasion requires it, and bring before the Society any business, needing its action, not otherwise presented.

Sec. 4. The Corresponding Secretary shall receive and preserve all letters addressed directly to the Society; open and maintain such correspondence as shall tend to advance its interests; give at least two weeks' notice, to the members, of

all meetings of the Society; keep a record of all members, with the date of admission of each; present all communications to the Society; notify all committees of their appointment and of the business referred to them, and notify all members of their election. He shall be *ex officio* chairman of the Bureau of Organization, Registration and Statistics.

SEC. 5. The Treasurer shall notify, annually, all members of their arrearages, collect all money belonging to the Society, and make all disbursements ordered by the Society. He shall furnish, at each annual meeting, a written report of his receipts and expenditures, and a statement of the condition of the finances.

SEC. 6. The Necrologist shall, upon the death of a member of the Society, prepare a suitable obituary and present it to the Society; he shall also forward a copy, properly engrossed, to the family of the deceased member, if so ordered by the Society.

The report of the Necrologist shall be presented in connection with the report and papers of the Bureau of Organization, Registration and Statistics.

SEC. 7. The Censors shall receive and examine the credentials of candidates for membership, and shall report to the Society, for election, such as may be found to be properly qualified.

Their report can be made in its regular order or at the close of the report of any bureau.

ARTICLE IV.—MEMBERSHIP.

SECTION 1. *Active.*—A candidate for active membership shall present to the Board of Censors a written application, signed by himself, accompanied by a certificate, from two members of the Society in good standing, that the applicant has received the degree of Doctor of Medicine from an incorporated medical college; that he subscribes to the doctrine of *Similia Similibus Curantur*, and that he sustains a good moral character. If found qualified, he may be elected

a member. He shall not, however, be considered a member until he has paid an initiation fee of five dollars (which includes the first year's dues), and signed the Constitution, either in person or by proxy.

Any active member removing from the State, wishing to retain his membership, shall notify the Society to that effect; otherwise his name shall be dropped from the roll.

Any active member who fails either to attend the annual meeting or to send a paper, once in five years, or to pay his dues, shall, upon vote of the Society, be dropped from membership.

Any member, who shall be unable to comply with the requirements of this section, may be continued as an active member, without payment of dues, by vote of the Society.

SEC. 2. *Honorary.*—Any homœopathic physician, not a resident of Pennsylvania, who, from his superior attainments, may be judged worthy, may be elected an honorary member at any annual meeting, but not more than two shall be elected in one year.

Such honorary members shall have all the privileges of members, except the right to vote and to hold office.

SEC. 3. *Corresponding.*—Any homœopathic physician residing outside the United States, may be elected a corresponding member, at any annual meeting, but not more than two shall be elected in one year.

Such corresponding members shall have all the privileges of members, except the right to vote and hold office.

ARTICLE V.—DUES.

Active members shall pay, annually, in advance, the sum of three dollars toward defraying the expenses of the Society.

The published proceedings of the Society will be furnished only to those members who are not in arrears.

ARTICLE VI.—BUREAUS AND COMMITTEES.

SECTION 1. The following Bureaus shall be appointed as hereinafter provided:

One of Materia Medica and Provings.
One of Homœopathic Institutes and Clinical Medicine.
One of Surgery.
One of Obstetrics.
One of Gynæcology.
One of Pathology and Pathological Anatomy.
One of Ophthalmology and Otology.
One of Pædology.
One of Sanitary Science.
One of Organization, Registration and Statistics.

SEC. 2. Each bureau shall be composed of not less than five members.

SEC. 3. Each bureau shall present, in its annual report, a resume of the discoveries and progress in its special department, together with the papers presented for discussion. The bureaus shall report in order of rotation, each succeeding year.

SEC. 4. The Bureau of Organization, Registration and Statistics, shall receive all credentials of delegates to the Society; receive and preserve all reports from local or State societies, colleges and other institutions; keep a record of the number of members admitted and withdrawn from the Society; solicit an exchange of publications with other State societies, and perform such other duties as may be directed by the Society. From these data, the annual report of the bureau shall be prepared.

SEC. 5. Immediately upon the close of the report of a bureau, the President shall appoint a chairman for the ensuing year; and the chairman so appointed shall, in conjunction with the President, select his associates, and the list of members of the bureau shall be announced before the close of the session.

SEC. 6. If any member of a bureau shall resign or decline to serve, the chairman of the bureau shall fill the vacancy by appointment, and notify the Corresponding Secretary of the fact.

SEC. 7. The following Standing Committees shall be appointed, as hereinafter provided for:

A Legislative Committee.
A Publishing Committee.

SEC. 8. Each of these committees shall consist of at least three members to be appointed by the President.

SEC. 9. The Legislative Committee shall give special attention to all legislation involving the interests of the Society.

SEC. 10. The Publishing Committee shall publish and issue the Transactions, to all who are entitled to receive them, within three months from the date of the meeting, unless otherwise directed by the Society at its annual meeting.

The Recording and Corresponding Secretaries and the Treasurer shall constitute this committee, but the number of members may be increased at the discretion of the Society.

ARTICLE VII.—PAPERS AND DISCUSSIONS.

SECTION 1. Each paper presented to the Society shall be through its appropriate bureau. All papers to be presented by any bureau shall be in the hands of the chairman thereof at the opening of the session; and it shall be the duty of each writer to prepare an abstract, which will accompany the paper when handed in, and the chairman shall decide whether the abstract only or the entire paper be presented to the meeting for its consideration and discussion. All papers shall be subject to the approval and revision of the Committee of Publication. No report or paper will be received, by the Society, in an incomplete or unfinished condition; and no paper shall be published as part of the transactions, which has been previously published.

SEC. 2. All communications read before the Society shall become its property; but no paper shall be published as part of the transactions of the Society without its sanction.

SEC. 3. All discussion shall be strictly confined to the subject of the paper or report, and each speaker shall be limited to a speech of ten minutes, and to one of five minutes if he speaks a second time, and no excess of time shall be allowed except by consent of the Society. The reader of the paper shall be allowed ten minutes at the close of the discussion.

SEC. 4. Each county or local society shall be invited to prepare and discuss, during the year, a paper upon some medical subject, and present it to the Society at its annual meeting, through its appropriate bureau.

ARTICLE VIII.—AMENDMENTS.

These By-Laws may be altered or amended by a vote of two-thirds of the members present at any annual meeting.

ORDER OF BUSINESS.

1. Calling meeting to order.
2. Address by the President.
3. Roll-call and correction of list of members.
4. Appointment of Committee on President's Address.
5. Report of Treasurer.
6. Appointment of Auditing Committee.
7. Report of Corresponding Secretary.
8. Reports of Committees.
9. Report of Censors and Election of Members.
10. Reports of Bureaus.
11. Unfinished Business.
12. New Business.
13. Election of Officers.
14. Announcement of Bureaus and Committees.
15. Adjournment.

LIST OF MEMBERS.

1870. Allen, J. W., M. D., Altoona.
1883. Allen, Richard C., M. D., 4519 Frankford Ave., Phila.
1883. Baker, Alfred E., M. D., 623 N. 18th St., Philadelphia.
1881. Bartlett, Clarence, M. D., 1501 Poplar St., Philadelphia.
1875. Betts, B. F., M. D., 1608 Girard Ave., Philadelphia.
1872. Bigler, W. H., M. D., 118 N. 12th St., Philadelphia.
1873. Bingaman, C. F., M. D., 922 Penn Ave., Pittsburgh.
1872. Bowie, A. P., M. D., Uniontown.
1884. Boyd, G. S., M. D., Beaver Falls.
1880. Boyd, J. S., M. D., New Brighton.
1882. Boyer, Francis W., M. D., Pottsville.
1875. Bradford, L. J., M. D., Sylvania.
1883. Branson, Mary, M. D., 141 N. 15th St., Philadelphia.
1872. Brickley, Obadiah C., M. D., York.
1881. Brooks, Charles M., M. D., 1613 N. 10th St., Philadelphia.
1883. Brown, Samuel, M. D., 651 N. 10th St., Philadelphia.
1879. Buck, M. J., M. D., Altoona.
1877. Bullard, J. A., M. D., Wilkes-Barre.
1881. Bunting, H. M., M. D., Norristown.
1866. Burgher, J. C., M. D., 960 Penn Ave., Pittsburgh.
1883. Burr, Richard, M. D., 1906 N. 12th St., Philadelphia.
1868. Carmany, C. J., M. D., Harrisburg.
1873. Caruthers, R. E., M. D., 107 Arch St., Allegheny City.
1873. Chantler, I. B., M. D., Sewickley.
1875. Chapman, Millie J., M. D., 916 Penn Ave., Pittsburgh.
1868. Charlton, S. T., M. D., Harrisburg.
1866. Childs, W. R., M. D., 934 Penn Ave., Pittsburgh.
1868. Christ, William F., M. D., Parryville.
1883. Coe, Sarah J., M. D., Wilkes-Barre.

1873. Cook, I. Elmer, M. D., Harrisburg.
1866. Cooper, J. F., M. D., 42 N. Diamond St., Allegheny City.
1866. Cowley, David, M. D., 6442 Penn Ave., Pittsburgh.
1882. Cranch, Edward, M. D., Erie.
1875. Crawford, J. S., M. D., Greensburg.
1883. Crowther, Isaac, M. D., Upland.
1883. Davis, E. Everett, M. D., 43d and Brown Sts., Phila.
1882. Dean, E. W., M. D., Braddock.
1866. Detwiller, Henry, M. D., Easton.
1866. Detwiller, John J., M. D., Easton.
1879. Detwiller, J. W., M. D., Bethlehem.
1878. Dinsmore, S. W. S., M. D., Sharpsburg.
1880. Doolittle, E. D., M. D., Easton.
1867. Dudley, Pemberton, M. D., 15th and Master Sts., Phila.
1878. Duff, P. S., M. D., Great Belt.
1882. Du Four, W. M., M. D., Williamsport.
1875. Dunn, James L., M. D., Titusville.
1881. Dunning, T. S., M. D., 1328 N. 15th St., Philadelphia.
1870. Earhart, J. R., M. D., 1839 Arch St., Philadelphia.
1873. Edmundson, W. F., M. D., 375 5th Ave., Pittsburgh.
1882. Evans, H. J., M. D., Altoona.
1870. Farrington, E. A., M. D., 1738 Green St., Philadelphia.
1880. Ferson, J. L., M. D., 137 Wylie Ave., Pittsburgh.
1884. Fleming, R. K., M. D., Pittsburgh.
1883. Fornias, Edward, M. D., 401 Pine St., Philadelphia.
1873. Fulton, H. W., M. D., 5949 Penn Ave., Pittsburgh.
1867. Garvin, John J., M. D., 1546 N. 11th St., Philadelphia.
1866. Gause, Owen B., M. D., 1519 Arch St., Philadelphia.
1883. Gause, Percy O. B., M. D., 1519 Arch St., Philadelphia.
1870. Gessler, C. W., M. D., 1332 S. 5th St., Philadelphia.
1879. Getze, G. M., M. D., Tarentum.
1875. Goodno, W. C., M. D., 4003 Chestnut St., Philadelphia.
1875. Graham, D. M., M. D., Chicago.
1883. Gramm, E. M., M. D., 934 N. 6th St., Philadelphia.
1867. Gramm, G. E., M. D., 1656 Vienna St., Philadelphia.
1883. Gramm, T. J., M. D., 1501 Franklin St., Philadelphia.
1881. Griffith, Silas, M. D., 1431 Girard Ave., Philadelphia.
1877. Griffith, W. M., M. D., 2035 Ridge Ave., Philadelphia.
1883. Gross, F. O., M. D., 1409 N. 4th St., Philadelphia.

1877. Grumbein, William, M. D., Annville.
1866. Guernsey, H. N., M. D., 1423 Chestnut St., Philadelphia.
1874. Guernsey, J. C., M. D., 1923 Chestnut St., Philadelphia.
1875. Guernsey, W. J., M. D., 4430 Frankford Ave., Phila.
1867. Gumpert, B. Barton, M. D., 840 Franklin St., Phila.
1879. Hall, William D., M. D., Altoona.
1883. Hancock, Jos., M. D., 1639 Columbia Ave., Philadelphia.
1884. Harris, D. R., M. D., Wilkinsburg.
1883. Hassler, W. A., M. D., Allentown.
1881. Hawley, Annie M., M. D., Pughtown.
1883. Helfrich, J. H., M. D., Allentown.
1873. Herron, C. D., M. D., 17 Butler St., Pittsburgh.
1882. Hofmann, C. H., M. D., 808 Penn Ave., Pittsburgh.
1866. Hofmann, H. H., M. D., 808 Penn Ave., Pittsburgh.
1883. Holben, M. J., M. D., Slatington.
1883. Horner, J. Richey, M. D., Pittsburgh.
1884. Hosfeld, G., M. D., 1229 S. 8th St., Philadelphia.
1871. Huebener, O. T., M. D., Lancaster.
1880. Humes, J. R., M. D., Hollidaysburg.
1882. Ivins, Horace F., M. D., 1319 Arch St., Philadelphia.
1883. Jackson, Lora C., M. D., 1526 Arch St., Philadelphia.
1866. James, Bushrod W., M. D., 18th and Green Sts., Phila.
1867. James, John E., M. D., 10th and Green Sts., Philadelphia.
1870. James, Walter M., M. D., 1123 Spruce St., Philadelphia.
1877. Johnson, Maria N., M. D., 1521 Green St., Philadelphia.
1881. Johnson, Theo. M., M. D., Pittston.
1869. Jones, Jos. E., M. D., West Chester.
1881. Karsner, Daniel, M. D., 4830 Main St., Germantown.
1875. Kern, W. H., M. D., McKeesport.
1884. King, W. D., M. D., 328 5th Ave., Pittsburgh.
1877. Knerr, C. B., M. D., 112 N. 12th St., Philadelphia.
1866. Koch, Aug. W., M. D., 118 N. 12th St., Philadelphia.
1873. Koenig, M. J., M. D., Jersey Shore.
1872. Korndœrfer, Aug., M. D., 648 N. 12th St., Philadelphia.
1884. Lee, Chas. H., M. D., New Castle.
1877. Lee, E. J., M. D., 2107 Chestnut St., Philadelphia.
1866. Lee, John K., M. D., 3800 Chestnut St., Philadelphia.
1879. Lee, John K., M. D., Johnstown.
1873. Lefever, Isaac, M. D., Harrisburg.

1867. Lippe, Ad., M. D., 1204 Walnut St., Philadelphia.
1866. Liscomb, P. D., M. D., Beaver Falls.
1869. Macfarlan, Malcolm, M. D., 1805 Chestnut St., Phila.
1883. Maguire, W. T., M. D., 54th St. & Landsdown Ave., Phila.
1866. Malin, John, M. D., 70 W. Chelten Ave., Germantown.
1877. Malin, Wm. H., M. D., Chestnut Hill, Philadelphia.
1881. Mansfield, J. R., M. D., 4852 Main St., Germantown.
1883. Marshall, Anna M., M. D., 553 N. 16th St., Philadelphia.
1866. Martin, H. N., M. D., 1218 Walnut St., Philadelphia.
1877. Martin, W. J., M. D., 1712 Carson St., S. S., Pittsburgh.
1878. Maurer, J. M., M. D., Washington.
1881. May, Newton, M. D., Homesburg.
1871. Mercer, Robert P., M. D., Chester.
1871. Middleton, Caleb S., M. D., 646 N. 10th St., Philadelphia.
1877. Miller, Z. T., M. D., 1729 Carson St., S. S., Pittsburgh.
1883. Mitchell, J. N., M. D., 1222 Walnut St., Philadelphia.
1875. Mohr, Charles, M. D., 555 N. 16th St., Philadelphia.
1867. Morgan, John C., M. D., 1706 Green St., Philadelphia.
1881. Mullin, S. A., M. D., West Chester.
1883. Mullin, W. P., M. D., Germantown, Philadelphia.
1879. McClelland, J. B., M. D., 411 Penn Ave., Pittsburgh.
1867. McClelland, J. H., M. D., 411 Penn Ave., Pittsburgh.
1884. McClelland, R. W., M. D., 411 Penn Ave., Pittsburgh.
1883. McClure, Eliza H. Lang, M. D., 811 N. 20th St., Phila.
1866. Neville, W. H. H., M. D., 19th and Fairmount Ave., Phila.
1884. Parker, G. W., M. D., 1404 S. 6th St., Philadelphia.
1883. Parker, T. Elwood, M. D., Claremont, N. H.
1870. Parsons, Anson, M. D., Springboro.
1881. Parsons, E. C., M. D., Meadville.
1880. Peach, Wm., M. D., 76 Monterey St., Allegheny City.
1881. Perkins, C. W., M. D., Chester.
1883. Pettingill, Eliza F., M. D., 300 N. 10th St., Philadelphia.
1868. Pfouts, J. S., M. D., Wilkes-Barre.
1870. Pierce, W. A. D., M. D., 1817 N. 11th St., Philadelphia.
1880. Pitcairn, Hugh, M. D., Harrisburg.
1883. Powell, W. C., M. D., Bryn Mawr.
1881. Pratt, J. W., M. D., Coatesville.
1871. Pratt, Trimble, M. D., Media.
1866. Preston, Mahlon, M. D., Norristown.

1882. Pursel, J. E., M. D., Renovo.
1875. Ramage, R. H., M. D., Mansfield Valley.
1872. Rankin, J. S., M. D., 59 Grant St., Pittsburgh.
1866. Raue, Charles G., M. D., 121 N. 10th St., Philadelphia.
1867. Reading, E., M. D., Hatboro.
1883. Reading, J. H., M. D., 1719 Green St., Philadelphia.
1866. Reading, John R., M. D., Somerton.
1878. Rinehart, C. C., M. D., Marion Station, Pittsburgh.
1871. Rittenhouse, S. R., M. D., Reading.
1880. Robson, J. W., M. D., Pittsburgh.
1873. Roseberry, C. I., M. D., Easton.
1883. Ross, S. C., M. D., Scranton.
1883. Rousseau, L. G., M. D., 628 Penn Ave., Pittsburgh.
1872. Rutter, J. C., M. D., Bloomsburg.
1872. Sartain, Harriet J., M. D., 210 Franklin St., Philadelphia.
1874. Schmucker, F. R., M. D., Reading.
1883. Schreiner, Emma T., M. D., 1607 Girard Ave., Phila.
1880. Scott, S. C., M. D., Pittsburgh.
1868. Seip, C. P., M. D., 636 Penn Ave., Pittsburgh.
1875. Shannon, O. R., M. D., 207 Lacock St., Allegheny City.
1879. Shannon, S. F., M. D., Sewickley.
1883. Sharkey, W. P., M. D., 1938 Girard Ave., Philadelphia.
1881. Sharpless, E. S., M. D., 926 N. 8th St., Philadelphia.
1883. Shemp, P. D., M. D., 1117 Green St., Philadelphia.
1883. Skeels, J. S., M. D., Albion.
1883. Slough, F. J., M. D., Allentown.
1883. Slough, W. C. J., M. D., Emaus.
1880. Smedley, I. G., M. D., 34 N. 19th St., Philadelphia.
1870. Spencer, J. H., M. D., 1306 N. 7th St., Philadelphia.
1881. Stambach, H. L., M. D., Woodbury, N. J.
1883. Starr, Samuel, M. D., Chester.
1883. Stewart, H. Knox, M. D., 305 N. 6th St., Philadelphia.
1883. Still, Horace, M. D., Norristown.
1881. Swartz, J. R., M. D., Harrisburg.
1881. Thatcher, J. W., M. D., 35th and Hamilton Sts., Phila.
1871. Thomas, A. R., M. D., 1733 Chestnut St., Philadelphia.
1877. Thomas, Charles M., M. D., 1313 Arch St., Philadelphia.
1881. Tomlinson, W. H., M. D., 2 E. School St., Germantown.
1881. Toothaker, C. E., M. D., 1717 Francis St., Philadelphia.

1882. Trites, W. B., M. D., 4500 Baker St., Manayunk, Phila.
1881. Umstead, D. B., M. D., Tacony, 23d Ward, Philadelphia.
1877. Van Artsdalen, C., M. D., Ashbourne.
1883. Van Baun, W. W., M. D., 1742 N. 13th St., Philadelphia.
1883. Van Deusen, Josephine, M. D., 21st and Tioga Sts., Phila.
1881. Van Lennep, W. B., M. D., 406 S. Broad St., Phila.
1867. Walker, Mahlon M., M. D., Germantown, Philadelphia.
1881. Wareheim, Edward A., M. D., Glen Rock.
1870. Waters, George H., M. D., 474 N. 6th St., Philadelphia.
1880. Way, J. H., M. D., 1905 Pacific Ave., Atlantic City., N. J.
1881. Weaver, Chandler, M. D., Fox Chase, 23d Ward, Phila.
1883. Weaver, W. P., M. D., Bristol.
1870. White, N., M. D., New Castle.
1866. Willard, L. H., M. D., Western Ave., Allegheny City.
1881. Williams, H. E., M. D., Coatesville.
1866. Williams, Thomas C., M. D., 567 N. 5th St., Philadelphia.
1873. Williamson, M. S., M. D., 29 N. 11th St., Philadelphia.
1870. Willits, William, M. D., Williamsport.
1877. Winslow, W. H., M. D., 956 Penn Ave., Pittsburgh.
1883. Wood, H. C., M. D., West Chester.
1866. Wood, James B., M. D., West Chester.
1883. Yearsley, Wm., M. D., 918 N. 10th St., Philadelphia.
1880. Yoder, D., M. D., Catasauqua.
1874. Young, J. H., M. D., 1910 Pine St., Philadelphia.
1880. Zerns, W. M., M. D., 1207 Wallace St., Philadelphia.

HONORARY MEMBERS.

1883. Allen, H. C., M. D., Ann Arbor, Mich.
1868. Dake, Jabez P., M. D., Nashville, Tenn.
1866. Doran, Charles R., M. D., Jacksonville, Fla.
1868. Helmuth, William Tod, M. D., New York City.
1876. Jones, S. A., M. D., Ann Arbor, Mich.
1876. Lilienthal, S., M. D., New York City.
1868. Paine, H. M., M. D., Albany, N. Y.
1883. Phillips, W. A., M. D., Cleveland, O.
1868. Rockwith, F. A., M. D., East Saginaw, Mich.
1868. Talbot, I. T., M. D., Boston, Mass.

CORRESPONDING MEMBERS.

1873. Alvarez, Paz, M. D., Madrid, Spain.
1882. Bernard, H., M. D., Mons, Belgium.
1873. Chauvet, Fernand, M. D., Tours, France.
1873. Eidherr, Francis, M. D., Vienna, Austria.
1883. Hughes, Richard, M. D., Brighton, England.
1873. Nichol, Thomas, M. D., Montreal, Canada.
1873. Pope, Alfred C., M. D., London, England.

NECROLOGICAL LIST.

1866. Ashton, A. H., M. D., died February 18th, 1883.
1866. Barnaby, John E., M. D., died January 5th, 1869.
1867. Barrett, Charles B., M. D., died June 5th, 1871.
1866. Blakely, W. James, M. D., died January 14th, 1877.
1870. Bratt, Benj. R., M. D., died January 31st, 1872.
1866. Brooks, Silas S., M. D., died July 2d, 1871.
1866. Cooke, Wm. H., M. D., died March 21st, 1879.
1866. Cote, M., M. D., died May 29th, 1878.
1871. Dreibelbis, David L., M. D., died March 24th, 1872.
1866. Friese, Michael, M. D., died February 4th, 1880.
1866. Frost, J. H. P., M. D., died January 21st, 1875.
1866. Gardiner, Richard, M. D., died March 22d, 1877.
1870. Guernsey, Wm. F., M. D., died February 16th, 1877.
1866. Herron, James A., M. D., died November 15th, 1868.
1873. Houard, J. G., M. D., died April 24th, 1878.
1866. James, David, M. D., died June 6th, 1873.
1866, Jeanes, Jacob, M. D., died December 18th, 1877.
1871. Lovejoy, E., M. D. (honorary), died August 15th, 1872.
1868. Malin, George W., M. D., died January 18th, 1883.
1866. Marsden, J. H., M. D., died August 27th, 1883.
1866. McClatchey, R. J., M. D., died January 15th, 1883.
1870. Moore, Thomas, M. D., died March 25th, 1882.
1869. Ostrander, W. M., M. D., died August 23d, 1881.
1868. Payne, Wm. E., M. D. (honorary), died March 9th, 1877.
1878. Pereira, Ignacio, M. D. (correspond'g), died April 18th, '81.
1866. Preston, Coates, M. D., died August 9th, 1881.
1868. Pulte, J. H., M. D. (honorary), died February 24th, 1884
1870. Reinhold, H. E., M. D., died March 6th, 1879.
1866. Roberts, R. Ross, M. D., died April 4th, 1875.
1866. Rousseau, L. M., M. D., died September 25th, 1882.
1872. Scott, James L., M. D., died August 15th, 1876.
1872. Speth, W. F., M. D., died May 11th, 1881.
——. Stauffer, D. R., M. D., died March 16th, 1874.
1867. Stevens, C. A., M. D., died January 17th, 1881.
1870. Taudte, F., M. D., died March 27th, 1878.
1866. Williamson, Walter, M. D., died December 19th, 1870
1866. Williamson, Walter M., M. D., died May 5th, 1874.

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